## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR PTFP FT 0000 APPLICATION A		ublic Te	lecom	ment of	ication Commerce/V CFDA 11.55	Vashing	ton DC 20	0230	ogram For PTFP Jse	Check here if Revised Form
1. APPLICA	.NT						1	L Employer D#(EIN)	94-1241309	
Legal Name	KQED, Inc	),					3	. DUNS #	00-477-0921	
Organizational Unit	KQED Pu	blic Television					Main Station	KQED	FM 88.5	KQED TV 9
Mailing Address (ilne 1)	2601 Mari	posa Street					Call Letters		ladio MHz	KQED TV 9 TV Channel
Address (line 2 if required)		'								
City	San Franc	isco			State <u>C</u>	<u>A</u>	Co	unty <u>San</u>	Francisco	Zip <u>94110</u> -
4. Administrati	ve Contact				E-mail sweld	h@kqec	l.org			
Mr. Mo.	Dr. First Nam	<b>e</b>	M. I.	Last Name	•		Jr. etc	Position	ı	
Mr.	Stephe	ń	<u>B.</u>	Welch				Exec	Dir, TV Engine	ering and Operations
Phone # (415	) 553-2290					Fax#	(415)	<u>5</u> 53-2415	REC	EIVED
5. EngineerIng	Contact						•		116	Research Benefit Benefit
Full Mr. V	<u>Vatkins Lee</u>	Young				Engineer Phone	(415)	553-2164	FEB	<b>2</b> 8 2005
Title Mana	ager, Engine	ering Facilities				E-mail	lyoung	@kqed.o	STATE CL	EARING HOUSE
PROJECT IN	FORMATI	ON da	a. Enter "Y" if Reactivatio	h.1	6b. Old	·	7. Enter	"Y" if new		6. Enter the
9. Enter letter(s) (P)lanning or (C)onstruction	• • •	ect (R)adio or (T)V or (RT) for both	Т (Е		File # , or (N)onbroadca oth	st <u>B</u>	are red 10.Length Project month	of t (# of	12	Priority or Category under which you request the application be reviewed
11. Check ONE Enter the populi appropriate colo Population Curr Served by static	ation in the facilities irans	describes your proj NEW BROADCAST ty: repealer, ustor.		CE or CDCAST	r of persons that  DIGITAL conversion of publior TV station  5,170,000		NONBRO	ADCAST	12, Single Congression District of Applicant	Broadcast Oth
First Service ad NEW proposed	ded by facility			ı						districts served by PA 1-3, NY 4, 5-9) 6, 7, 8, 9, 10, 11,
ADDED SERVICE INOSE COVERED D									12, 13, 14	15, 16, and 17.
14. ESTIMAT a. Federal Reque		NG (whole dolla 1,170,324	<del></del>	_	etion subject to r This application State EO 12372	was made	available to		16. Is appl any Feder	icant delinquent on al Debt?
. Applicant Shar	re \$	1,170,325			02/28/2005	process (c	or review on		NO Enter YES	- or NO
	\$	2,340,649	-	NO	Program is	not cover	ed by EO 12	372	If YES, atta	sch explanation.
. TOTAL	_	2,340,043			_					
·	ble costs	50.00	%		or Program State for re	n has not b	êên selecte	d by		
	ATION BY	50.00	REPRESE		State for re	n has not b	ledge and h	aliaf all date	in this application	h ara true and correct
. Fed. % of eligit 7. CERTIFIC The document in	ATION BY	50.00  AUTHORIZED authorized by the	REPRESE	ard of the	State for re  To the best of applicant and to	n has not be eview of my know he applica	ledge and b	aliaf all date	in this application	n are true and correct. ances and the PTFP
7. CERTIFIC The document in tules if the assist	ATION BY	AUTHORIZED authorized by the ed.	REPRESE	ard of the	State for re  To the best of applicant and to	n has not b	ledge and b	aliaf all date	in this application	n are true and correct. ances and the PTFP
7. CERTIFIC he document hules if the assis	CATION BY has been duly tance is award	AUTHORIZED authorized by the ed.	REPRESE	ard of the	State for re  To the best of applicant and to	n has not be eview of my know he applica	ledge and b int will com 2201	elief, all data ply with the Position	a altached aasur	n are true and correct.
7. CERTIFIC he document hules if the assis	CATION BY has been duly tance is award lirst Name	AUTHORIZED authorized by the ed.	REPRESE	ard of the	State for re  To the best of applicant and to	n has not be eview of my know he applica	ledge and b int will com 2201	elief, all data ply with the Position	in this application attached assurant and CEO	n are true and correct. ances and the PTFP

## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0666-0003

KQED Public Television in San switcher so we can produce Hic control rooms, in the field, and	Franciscon Definit	o is requesting fu	nding ass	istance to	equipme	at will be u	sed on two	d video produ	produ	ction tages, the
19. Types of Applicant (Enter appropria	ate letter in þ	oox)		20. Stati	on	THI	S YEAR	NEX	T YEAR FUN	IF PROJECT
A. State J. Private Univ				Ope	rations	Number	Hrs./ <b>//</b> k	N	ımber 	Hrs./Wk
D. Township M. Non-profit	10TE: Not elk	glaie for PTFP funding)		Full-	-Time Steff	23	0 4	10	230	4
E. Interstaté O. Other (spec F. Intermunicipal G. Special District	cify)			Part	-Time Staff		6	0	6	1
M. Independent School District  I. State Controlled Institute of Higher learning					Volunteers	332	4	0	3300	
	M			Operat	ing Budget	ŝ	42,800,00	0 \$	4	3,500,000
21. Public Broadcasting Affiliations  Enter "" if applicant is currently CPB qualified	8	Check if nonbroadcas application and therefo Not Applicable		- MANAM	Members Enter "Y" PBS	as appropria	Il public broad le. NFCB PI		organiza Other	Other
If applicant is NOT	Date of e	xpected qualification		This year	Y	Y	/ Y		Y	Υ
currently CPB qualified, enter "Y" if qualification is expected.				Next year	v	Y	, Y		Y	Y
Proposed Community of licen:		annel# F	CC File #	/ASSE 5		ite Name		Owned	Leas	90
(Circle one) another Federal	program for nformation r 'ES facilities	to apply to, or receive this project or a relate egarding funds from C which provide a simil M, Grade B for TV).  Cell Letters  KTEH  Call Letters  KCSM  Call Letters  KRCB	ed project? CPB or other  ar 25 aff thi	. Areas ected by s Project titles, punties, ates,	Is in the Red The nine California	marks section -county Sa a and addit ough distri		o Bay ,	nal, and	national
REMARKS (continuation of any items fro	om page 1 o	r this page continue	on plain par	per attached t	o this page	lf necessary)	\- <sub>004</sub>			
SEE ATTACHED										

2

OMB Approval 0660-0003	Public Tel	ecommun  IA/Department of (	Commerce/Was		For PTFP
APPLICATION	ON PART I		CFDA 11.550		Use
1. APPLICA	NT	RECE	IVED	2. Employer ID # (EIN)	68-0004000
Legal Name	National Indian Justice Ce		0-0005	3. DUNS#	15-109-5320
Organizational Unit	Education Programs	FEB 2	8 2003	Main Station	
Mailing Address (line 1)	5250 Aero Drive	STATE CLEAF	HOUSE	Call Letters	Radio MHz TV Channel
Address (line 2 if required)		STATE CLEAT	IIIVa noce		
City	Santa Rosa		State CA	County Son	oma zip <u>95403-</u>
4. Administrati	ve Contact		E-mail raqueller	nyers@nijc.org	
Mr., Ms., <b>Ms</b> .	Dr. First Name Raquelle	M. I. Last Name	<b>)</b>	Jr. etc Positio	ect Director
Phone # (707	) 579-5507 ext. 223		Fa	×#	a
5. Engineering			Fa	(101) (13-301	<u> </u>
Full Ms (	Raquelle Myers		En	gineer / 707 \ 6179-550	7
Name ——				one \	
Proje	ect Director			nail <u>raquellemyers</u>	<u>@nijc.org</u>
PROJECT IN	NFORMATION 6	i. Enter "Y" if Reactivation N	6b. Old File#	7. Enter "Y" if new FCC authorization	8. Enter the Priority or
9. Enter letter(s)	to classify project	reddivation	( IIC II	are recuired	Calegory under which
(P)lanning or (C)onstructio	n P (R)adio or (T)V or (RT) for both	RT (B)roadcast or (BN) for b	or (N)onbroadcast oth	N 10.Length of Project (# of months)	you request the application be reviewed
Enter the popu appropriate col	umn facility; repeater, translator.		DIGITAL	project will benefit	Special Application  12. Single Congressional District of
Population Cur Served by stati			ESCSSPISHISHBURARBUS.	0	Applicant 1
First Service at			. C) C / T) CO C   C   C   C   C   C   C   C   C	U U	13 Olber Cong. districts served by
NEW proposed	I facility				13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49
	ICE to			12,500	project (e.g. PA 1-3, NY 4, 5-9)
ADDED SERVI	ICE to by others	ars) 15. Is applic	cation subject to revie	12,500  0  Executive Order 12372  a made available to the	project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49
ADDED SERVITHOSE COVERED	TED FUNDING (whole dollarest \$ 202,898		cation subject to revie	12,500  0  Executive Order 12372  a made available to the	project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?
ADDEO SERVITOS COVERED	TED FUNDING (whole dollarest \$ 202,898		cation subject to revie This application was State EO 12372 pro 03/01/2005	12,500  ow by Executive Order 12372 s made available to the occas for review on t covered by EO 12372	project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?
ADDED SERVITHOSE COVERED  14. ESTIMA  a. Federal Require  b. Applicant Sha	CE to by others	YES	cation subject to revie This application was State EO 12372 pro 03/01/2005	12,500  over by Executive Order 12372 is made available to the coess for review on the covered by EO 12372 is not been selected by	project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?  NO Enter YES or NO
ADDEO SERVITHOSE COVERED  14. ESTIMA  a. Federal Required b. Applicant Shale c. TOTAL d. Fed. % of elige  17. CERTIFIE	CE to by others	YESNO % REPRESENTATIV	cation subject to revie This application was State EO 12372 pro 03/01/2005  — Program is no — or Program ha State for revie	12,500  over by Executive Order 12372  s made available to the ocess for review on  t covered by EO 12372  as not been selected by	Project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?  NO  Enter YES or NO  If YES, attach explanation.
ADDED SERVITHOSE covered  14. ESTIMA  a. Federal Required b. Applicant Share c. TOTAL d. Fed. % of eligible  17. CERTIFIE  The document	CE to by others	YESNO % REPRESENTATIV	cation subject to revie  This application was State EO 12372 pro 03/01/2005  — Program is no or Program ha State for revie	12,500  over by Executive Order 12372  s made available to the occess for review on  t covered by EO 12372  as not been selected by  over the covered by EO 12372	project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?  NO Enter YES or NO
ADDED SERVITIONS COVERED SERVITIONS COVERED SERVITIONS COVERED SERVITIONS COVERED SERVITIONS COVERED SERVITIONS CONTROL SERVITI	TED FUNDING (whole dollarest \$ 202,898  TED FU	YESNO % REPRESENTATIV	cation subject to revie  This application was State EO 12372 pro 03/01/2005  — Program is no or Program ha State for revie	12,500  over by Executive Order 12372  s made available to the ocess for review on  t covered by EO 12372  as not been selected by	Project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?  NO Enter YES or NO If YES, attach explanation.
ADDED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE S	TED FUNDING (whole dollarest \$ 202,898  TED FU	NO	cation subject to revie  This application was State EO 12372 pro 03/01/2005  — Program is no or Program ha State for revie	12,500  over by Executive Order 12372  s made available to the coess for review on  t covered by EO 12372  as not been selected by  over knowledge and belief, all dapplicant will comply with  579-5507  Jr. etc Position	Project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?  NO Enter YES or NO If YES, attach explanation.
ADDED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE COVERED SERVITHOSE SERVITHOS	TED FUNDING (whole dollarest \$ 202,898  Are \$ 72,720  \$ 275,618  Albible costs 73.62  CATION BY AUTHORIZED  has been duly authorized by the stance is awarded.  First Name  Joseph	W YES  W YES  NO  REPRESENTATIVE governing board of the  1. I. Last Name	cation subject to revie  This application was State EO 12372 pro 03/01/2005  — Program is no or Program ha State for revie	12,500  over by Executive Order 12372  s made available to the coess for review on  t covered by EO 12372  as not been selected by  over knowledge and belief, all dapplicant will comply with  579-5507  Jr. etc Position	Project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?  NO  Enter YES or NO If YES, attach explanation.

Nijc

APPLICATION FOR PTFP FUNDS PAGE 2

## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval

The NIJC s planning project w the NIJC Regional Justice Cer California community technolo training to a primarily Native A and substantial benefits to the	Ill study the need, feasibility and strate ter in Santa Rosa, California, a comgy centers. The purpose of this distinction target audience. A cultural target population by transmitting infoaining the intergenerational, oral lea	itegies for es imunity colle ance-learnin y appropriate ormation vita	ge in Sou g infrastr e distance al to impre	ithern Califucture will e-learning inved gover	fornia and to be to delive infrastructu nment and	three re er cultu ire will servic	emotely Irally ap provide	/ located opropriate e timely
19. Types of Applicant (Enter appropri	ate letter in box)	20. Static	on ations	THIS	YEAR	NEXT	YEAR I	F PROJECT DED
A. State J. Private Uni	versity	Open	alions	Number	Hrs./Wk	Nu	mber	Hrs./Wk
D. Township M. Non-profit	NOTE: Not eligible for PTFP (unding)	Full-	Time Staff		)	0		
E. Interstate O, Other (spe F. Intermunicipal G. Special District	сту)	Part-	Time Staff		)	<u>o</u>		
H. Independent School District     State Controlled Institute of     Higher learning	D.d.	,	Volunteers		)	0		
	M	Operati	ng Budget	\$		0 \$		····
21. Public Broadcasting Affiliations  Enter 'Y' if applicant is currently CPB qualified  If applicant is NOT	Check if nonbroadcast application and therefore Q. 21 Not Applicable  Date of expected qualification	This year	Members Enter "Y" PBS	hip in nationa as appropriat	l public broad e. NFCB Pf		Other	Other
currently CPB qualified, enter "Y" if qualification is expected.		Next year			:	]		İ
Proposed Community of lice				Site Name		Owned	Leas	ed
23. Yes No (circle one) Have you appli another Federa Please provide page.  24. List all public radio, TV stations or type signal to the proposed service are City  City  City	ea (1 MV for FM, Grade B for TV).  Call Letters	om, the Corpora ? ner Federal fund 25. Areas affected by this Project (Cities, Counlies, States, Etc.)	Santa Ro Covelo, Arena-M Pomos: Karuk Tr Pauma/	blic Broadcas marks section osa, Sonor Round Vall lanchester Mer docine ribe, Happy Yuima, Pala Indian: S	n below or on ma County, ley Reserv and Stewa o County, (	, CA ation, F arts Poi CA skivou	Point int Band	. CA
REMARKS (continuation of any items	from page 1 or this page continue on plain p	paper attached	to this page	if necessary	)			

APPLICATION FOR FEDERAL ASSISTANC	E.	2. DATE SUBMITTED		Applicant Iden	Version 7/03	
1. TYPE OF SUBMISSION:		February 24, 2005  3. DATE RECEIVED BY	/ STATE	State Application Identifier		
Application	Pre-application	4 DATE DECEMED D	CEDERAL ACENCY	Federal Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	3-06-0226	ner	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			3-00-0220		
Legal Name:			Organizational Unit:			
City of San Jose			Department: Norman Y. Mineta Sa	n Jose Internati	onal Airport	
Organizational DUNS: 063541874			Division:			
Address:	TAPNE				rson to be contacted on matters	
Street:	RECEIVE		involving this applic Prefix:	First Name:	a code)	
1732 N. First Street, Suite 600	FEB 2 8 200	15	Ms. Middle Name	Lilian		
City: San Jose	LEB 2 0 500		S.			
County: Santa Clara	CLEARING	HOUSE	Last Name Ramirez			
State: CA	STATE CLEARING		Suffix:			
Country: USA			Email:  ramirez@sjc.org			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	R	Phone Number (give a	rea code)	Fax Number (give area code)	
94-600041			408.501.7663		408.573.1677	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)	
□ Ne		n Revision	C - Municipal			
f Revision, enter appropriate le See back of form for descriptio	n of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDERA	AL AGENCY:		
Note: Continuation of AIP 59:			DOT - Federal Aviation	n Administratio		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI			
		20-106			den a portion of Taxiway Z, ten , including upgraded drainage,	
TITLE (Name of Program): Airport Improvement Program	(AIP)		blast protection pavin	g, lighting, sign	age and pavement markings.	
12. AREAS AFFECTED BY PI		s, States, etc.):		*		
City of San Jose						
13. PROPOSED PROJECT	I Furding Date:		a. Applicant	AL DISTRICTS	OF: b. Project	
Start Date: November 14, 2005 (Est NTP)	Ending Date: December 31, 2006		15th		15th	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE	
a. Federal		4,000,000	THIS PRI	EAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant		970,000		S FOR REVIEW		
c. State			DATE: F	ebruary 24, 200	05	
d. Local		.00	b. No. PROGRA	M IS NOT COV	/ERED BY E. O. 12372	
e. Other	3	00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income	5	.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL		4,970,000 ·	☐ Yes If "Yes" attach	•		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	<b>GOVERNING BODY OF</b>	PLICATION/PREAPPLI THE APPLICANT AND	THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative	ACCIOTATOL TO			Nama		

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix First Name Mr. Peter	Middle Name
Last Name Jensen	Suffix
b. Title Assistant to the City Manager	c. Telephone Number (give area code) 408.277.3183
d. Signature of Authorized Representative Authorized Representative	e. Date Signed 224-05

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANC	=	2. DATE SUBMITTE			Version 7
		February 24, 2005		Applicant	Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED			lication Identifier
Construction	☐ Construction	4. DATE RECEIVED	BY FEDERAL A	GENCY Federal Id	entifier
Non-Construction  5. APPLICANT INFORMATION	Non-Construction			03-06-022	6
Legal Name:			Organizatio	nal Unit:	
City of San Jose	•		Department	•	
Organizational DUNS:			Division:	Mineta San Jose Inter	national
063541874 Address:	RECEN	100	,		· · · · · · · · · · · · · · · · · · ·
Street:	TILUEP	VEU	involving th	elephone number of is application (give	person to be contacted on matters
1732 N. First St, Suite 600	FEB 2 8	2005	Prefix:	First Name	
City: San Jose			Middle Name		
County: Santa Clara	STATE CLEARING	HOUSE	Last Name Ramirez		
State: CA	Zip Code 95112		Suffix:		
Country: USA			Ēmail:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Iramirez@sjo	c.org per (give area code)	IF. N
94-6000419	• •		408.501.7663	•	Fax Number (give area code)
8. TYPE OF APPLICATION;			1		408.573.1677
Nev		Revision	i	APPLICANT: (See b	ack of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	KC 131011	C-Municipal Other (specify	) )	
Other (specify)				FEDERAL AGENCY	
10. CATALOG OF FEDERAL D			DOT - Federa	al Aviation Administra	tion LICANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program (A  12. AREAS AFFECTED BY PRO San Jose, California		2 0 - 1 0 6  States, etc.):	Noise attenua		50 dwelling units within the
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DISTRICT	S OE:
Start Date: September 1, 2005	Ending Date: September 1, 2007		<ul> <li>a. Applicant</li> </ul>	- CONTRACTOR	b. Project
15. ESTIMATED FUNDING:	Gepteriber 1, 2007		15th	CATION SUBJECT T	15th and 16th O REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372	PROCESS?	
b. Applicant \$		3,000,000	A'	HIS PREAPPLICATION VAILABLE TO THE S ROCESS FOR REVIE	DN/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
c. State \$		- 00			
d. Local \$	The second secon	00		ATE: February 24, 20	
		750,000			VERED BY E. O. 12372
		• •	OI	R PROGRAM HAS N OR REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$		00	17. IS THE AF	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,750,000	T Yes If "Yes	" attach an explanatio	on. No
18. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF TH	O I HOKIZED BY THE G	JVERNING BODY OF	PPLICATION/PRE THE APPLICAN	APPLICATION ARE T AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name Peter			Middle Name	
_ast Name Jensen				Suffix	
. Title Assistant to the City Manager				c. Telephone Numbe	r (give area code)
. Signature of Authorized Representation	entative Alt	A		408.277.3183 e. Date Signed	, _
revious Edition Usable	Inn F	1 from		1-2	Y-PS
uthorized for Local Reproduction	. (				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTANC	· <b>L</b>	2. DATE SUBMITTED February 24, 2005	)	Applicant Identifier	Version
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BY STATE	State Application Identifier	
Application	Pre-application			State Application Identifier	
Construction	Construction	1	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction			03-06-0226	
Legal Name:	I V		Organizational Unit		
City of San Jose	· ·		Organizational Unit		
Organizational DUNS:			Norman Y. Mineta Sa	an Jose International	
063541874 Address:		·	Division:		
Street:			Name and telephon	e number of person to be contacte	d on matt
732 N. First St, Suite 600			Prefix:	cation (give area code) First Name:	
Dity: San Jose			Ms	Lilian	
San Jose County:			Middle Name S.		
Santa Clara			Last Name Ramirez		
State: Zip Code CA 95112			Suffix:		
Country:	33112		Email:		
JSA . EMPLOYER IDENTIFICATIO	M MUMPER /E::		Iramirez@sjc.org		
			Phone Number (give a	rea code) . Fax Number (give ar	ea code)
94-6000419			408.501.7663	408.573.1677	
TYPE OF APPLICATION:	· proc.		7. TYPE OF APPLICA	ANT: (See back of form for Application	on Types)
Nev Revision, enter appropriate lett	er(s) in boy(ss)	n 🔲 Revision	C-Municipal	, , , , , , , , , , , , , , , , , , ,	3,3)
ee back of form for description	of letters.)		Other (specify)		
ther (specify)	Ļ	,			
			9. NAME OF FEDERA DOT - Federal Aviatio	AL AGENCY:	
). CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		TLE OF APPLICANT'S PROJECT:	
	•	20-106	Airfield Taxiway Sign	Replacement: To replace airfield tay	iway sianc
TLE (Name of Program): irport Improvement Program (A		ِ تَانَا نَانَا فَا الْمُ	that are outdeted and	-l t	
	ID)		that are outdated and	do not meet current luminance stand	lard.
. AREAS AFFECTED BY PRO	MP)  DJECT (Cities Counties	States etc.):	that are outdated and	do not meet current luminance stand	lard.
2. AREAS AFFECTED BY PRO an Jose, California	NP) DJECT (Cities, Counties,	States, etc.):	unat are outdated and	do not meet current luminance stand	lard.
2. AREAS AFFECTED BY PRO an Jose, California	NP)  DJECT (Cities, Counties,	States, etc.):			lard.
AREAS AFFECTED BY PRO an Jose, California PROPOSED PROJECT art Date:	DJECT (Cities, Counties,	States, etc.):	14. CONGRESSIONAL	L DISTRICTS OF:	lard.
an Jose, California  PROPOSED PROJECT  part Date:  1, 2005	DJECT (Cities, Counties,	States, etc.):	14. CONGRESSIONAl a. Applicant 15th	L DISTRICTS OF:    b. Project   15th	lard.
AREAS AFFECTED BY PRO an Jose, California PROPOSED PROJECT art Date: by 1, 2005 ESTIMATED FUNDING:	DJECT (Cities, Counties,	States, etc.):	14. CONGRESSIONAl a. Applicant 15th 16. IS APPLICATION	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE F	lard.
an Jose, California  PROPOSED PROJECT  part Date:  1, 2005	DJECT (Cities, Counties,	00	14. CONGRESSIONA  a. Applicant 15th  16. IS APPLICATION  ORDER 12372 PROCE	L DISTRICTS OF:    b. Project    15th    SUBJECT TO REVIEW BY STATE    SS?	EXECUTIV
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AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local	Ending Date: June 30, 2006	912,000	14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE. AVAILABL PROCESS DATE: Fet	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE ESS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORE FOR REVIEW ON  Druary 24, 2005	EXECUTIV MADE DER 12372
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AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local  Dither	Ending Date: June 30, 2006	912,000 .00 .00 .00 .00 .00 .00 .00 .00 .00	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGR	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE ESS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORE FOR REVIEW ON  Druary 24, 2005 I IS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED B	EXECUTIV MADE DER 12372
AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local  Other  rogram Income  TOTAL	Ending Date: June 30, 2006  2 8 2005  CLEARING HOUSE	912,000	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICANT ORDER 12372 PROCE AVAILABL PROCESS DATE: Fet b. No. The APPLICANT OR PROGRAM THE APPLICANT THE APPLICANT OR PROGRAM THE APPLICANT THE APPLICANT OR PROGRAM THE APPLICANT THE APPLICANT THE APPLICANT THE APPL	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE ESS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORE FOR REVIEW ON Druary 24, 2005 I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BEW T DELINQUENT ON ANY FEDERAL	EXECUTIV MADE DER 12372 Y STATE DEBT?
AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local  Other  TO THE BEST OF MY KNOWN  TO T	Ending Date: June 30, 2006  2 8 2005  CLEARING HOUSE	912,000 00 00 00 00 00 00 00 00 00 00 00 00	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION : ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN Yes If "Yes" attach a	L DISTRICTS OF:    b. Project   15th     SUBJECT TO REVIEW BY STATE ESS?   APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORE   FOR REVIEW ON     Oruary 24, 2005     IS NOT COVERED BY E. O. 12372     RAM HAS NOT BEEN SELECTED BEW   TOELINQUENT ON ANY FEDERAL     In explanation.   In No	EXECUTIV  MADE DER 12372  Y STATE - DEBT?
AREAS AFFECTED BY PRO AN JOSE, California  PROPOSED PROJECT BATT Date: BY 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local  Dither FOTAL  TO THE BEST OF MY KNOW  CUMENT HAS BEEN DULY A	ENVED  Ending Date: June 30, 2006  2 8 7005  CLEARING HOUSE	912,000	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION : ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN Yes If "Yes" attach a	L DISTRICTS OF:    b. Project   15th     SUBJECT TO REVIEW BY STATE ESS?   APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORE   FOR REVIEW ON     Oruary 24, 2005     IS NOT COVERED BY E. O. 12372     RAM HAS NOT BEEN SELECTED BEW   TOELINQUENT ON ANY FEDERAL     In explanation.   In No	EXECUTIV MADE DER 12372 Y STATE - DEBT?
AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: by 1, 2005  ESTIMATED FUNDING:  Federal  Applicant  State  OCAL  TO THE BEST OF MY KNOW  CUMENT HAS BEEN DULY A ACHED ASSURANCES IF THURTHUR STATE  Luthorized Representative	ENVED  Ending Date: June 30, 2006  2 8 7005  CLEARING HOUSE	912,000	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION : ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICAN Yes If "Yes" attach a	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE ESS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORE FOR REVIEW ON Druary 24, 2005 I IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BEW T DELINQUENT ON ANY FEDERAL	EXECUTIV MADE DER 12372 Y STATE - DEBT?
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AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local  Other TOTAL  TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A ACHED ASSURANCES IF THAUTHORIZED REPRESENTATIVE fix I Name	ENVED  Ending Date: June 30, 2006  2 8 7005  CLEARING HOUSE	912,000	14. CONGRESSIONAI a. Applicant 15th 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGREVIE 17. IS THE APPLICANT THE APPLICANT AND THE APPL	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE ESS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORD FOR REVIEW ON DOUBLE OF TO STATE EXECUTIVE ORD OTHER STATE OF THE STATE	EXECUTIV MADE DER 12372 Y STATE - DEBT?
AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING: Federal  Applicant  State  Local  Other  TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A ACHED ASSURANCES IF THURTH AUTHORIZED Representative fix  I Name sen	Ending Date: June 30, 2006  2 8 2005  CLEARING HOUSE  CLEARING	912,000	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGRES 17. IS THE APPLICANT Yes If "Yes" attach as PLICATION/PREAPPLICANT THE APPLICANT AND THE	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE ESS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORD FOR REVIEW ON DOUBLE OF TO STATE EXECUTIVE ORD OTHER STATE OF THE STATE	EXECUTIV MADE DER 12372 Y STATE - DEBT?
AREAS AFFECTED BY PRO an Jose, California  PROPOSED PROJECT art Date: ly 1, 2005  ESTIMATED FUNDING:  Federal  Applicant  State  Ocal  Other  TO THE BEST OF MY KNOW  CUMENT HAS BEEN DULY A  ACHED ASSURANCES IF THAUTHORIZED REPRESENTATIVE fix  I Name sen tle istant to the City Manager	Ending Date: June 30, 2006  ENDINE AND BELIEF, A UTHORIZED BY THE GO IE ASSISTANCE IS AW, First Name Peter	912,000	14. CONGRESSIONAL a. Applicant 15th 16. IS APPLICATION: ORDER 12372 PROCE a. Yes. THIS PREAVAILABL PROCESS DATE: Fet b. No. PROGRAM OR PROGRESIONAL THE APPLICANT OR PROGRAM OR PROGRAM FOR REVIE 17. IS THE APPLICANT OR PROGRAM AND THE APPLICANT AN	L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE IS: SS? APPLICATION/APPLICATION WAS E TO THE STATE EXECUTIVE ORD FOR REVIEW ON DOTUGING 24, 2005 IT IS NOT COVERED BY E. O. 12372 RAM HAS NOT BEEN SELECTED BEW TO DELINQUENT ON ANY FEDERAL AND EXPLANATION ARE TRUE AND CORRECT. HE APPLICANT WILL COMPLY WITH INCOMPLY WITH INCOMPLANCE WITH INCOMPLY WITH INCOMPLY WITH INCOMPLY WITH INCOMPLY WIT	EXECUTIV  MADE DER 12372  Y STATE - DEBT?
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APPLICATION FOR		O DATE CUDATTED		TA	Version 7/03
FEDERAL ASSISTAN	CE	2. DATE SUBMITTED February 24, 2005		Applicant Ider	itifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y STATE	State Applicat	ion Identifier
☑ Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	Non-Construction			03-06-0226	
5. APPLICANT INFORMATION Legal Name:	ON	-n	Organizational	Init:	
City of San Jose		EINED /	Department:		
Organizational DUNS:	- COFC	05	Norman Y. Minet	a San Jose Internati	onal
063541874	1 100	8 5000		4	· · · · · · · · · · · · · · · · · · ·
Address: Street:	\ FE	EIVED ROUSE	Name and telep	hone number of pe oplication (give are	rson to be contacted on matters a code)
1732 N First Ct Cuits COO	\	CLEARING HOUSE	Prefix:	First Name:	
1732 N. First St, Suite 600 City:	- CTATE	CLER	Middle Name	Lilian	
San Jose County:	\311				
Santa Clara			Last Name Ramirez		•
State: CA	Zip Code 95112		Suffix:		
Country: USA		·	Email:  ramirez@sjc.org		A STATE OF THE STA
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (g		Fax Number (give area code)
94-600041	9		408.501.7663		408.573.1677
8. TYPE OF APPLICATION:		***************************************	7. TYPE OF APP	LICANT: (See bac	L k of form for Application Types)
		n 🔲 Revision	C-Municipal	•	
If Revision, enter appropriate I (See back of form for descripti	etter(s) in box(es)		Other (specify)		•
Other (specify)			9. NAME OF FEI	DERAL AGENCY: viation Administratio	n
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANC	CE NUMBER:			CANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program	(AID)	20-106	intersections at o	ross taxiways, inclu	axiways B and L and strengthen ding the widening of Taxiway L , lighting, signs and markings.
12. AREAS AFFECTED BY F		s, States, etc.):	-		
San Jose, California	, ,	•			
13. PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICTS	OF:
Start Date: November 14, 2005 (Est. NTF	Ending Date: December 31, 2006		a. Applicant 15th		b. Project 15th
15. ESTIMATED FUNDING:	December 31, 2000			TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal	\$	00	ORDER 12372 PI		I/APPLICATION WAS MADE
	Ų	10,000,000			ATE EXECUTIVE ORDER 12372
b. Applicant	\$	.00	PRO	CESS FOR REVIEV	VON
c. State	\$	. 00	DATE	: February 24, 200	5
d. Local	\$	00	b. No. PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other	\$	29,131,000		ROGRAM HAS NO	T BEEN SELECTED BY STATE
			FOR	REVIEW	
f. Program Income	\$	•	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	39,131,000	☐ Yes If "Yes" a	ttach an explanation	. 🗹 No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE	<b>GOVERNING BODY OF</b>	PLICATION/PREAF THE APPLICANT /	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name	•	lnai	ddle Name	
Prefix Mr.	Peter				
Last Name Jensen			Su	ıffix	
b. Title Assistant to the City Manager		. /		Telephone Number 08.277.3183	(give area code)
d. Signature of Authorized Rep		Alan-		Data Signad	1.05
Previous Edition Usable	1000	V( 1 1			Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduc	tion	$\bigvee$			Prescribed by OMB Circular A-102

PPLICATION FOR					Version 7
EDERAL ASSISTANCE	<b>=</b>	2. DATE SUBMITTED February 24, 2005		Applicant Iden	tifier
. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction			03-06-0226	
. APPLICANT INFORMATION	1		Organizational Unit		
egal Name:	Fara	EIVED	Department:		
City of San Jose	- I REU	Marie II	Norman Y. Mineta Sa Division:	an Jose Internati	ional .
63541874	1	EIVED 2 8 2005	Name and talamban	a number of no	erson to be contacted on matter
Address:	+ED	SUCE	involving this applic	cation (give are	a code)
	\ C	LEARING HOUSE	Prefix:	First Name: Lilian	
732 N. First St, Suite 600	STATE	la l	Middle Name	Linaii	
San Jose County:			S. Last Name Ramirez		
Santa Clara State:	Zip Code		Suffix:		
CA	95112		Email:		
Country: JSA		A AMERICAN	Iramirez@sjc.org		Fay Number (sine area code)
. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give 408.501.7663	area code)	Fax Number (give area code)
94-6000419	)			ANTI (Soo bas	k of form for Application Types)
. TYPE OF APPLICATION:		W		ANT: (See Dad	k of form for Application Types)
Revision, enter appropriate let	w	n Revision	C-Municipal		•
See back of form for description	n of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER DOT - Federal Aviati		on
0. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT:
ITLE (Name of Program): Airport Improvement Program	(AIP)	20-106	field and the noise m	onitoring syster	To replace noise monitors in the n software and hardware, as well d integration to other airport syster
2. AREAS AFFECTED BY PR	ROJECT (Cities, Countie	s, States, etc.):	·		
San Jose, California  3. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project 15th
uly 1, 2005 5. ESTIMATED FUNDING:	December 1, 2005		15th 16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIV
		00	ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE
a. Federal \$		1,400,000	a. Yes. 🖊 AVAILAI	BLE TO THE ST SS FOR REVIE	ATE EXECUTIVE ORDER 12372
				ebruary 24, 20	A second
s. State			PROCE	•	VERED BY E. O. 12372
f. Local \$		337,000	D. NO.		
e. Other	,		│	VIEW	OT BEEN SELECTED BY STATE
. Program Income		00	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
		- 00	<del></del>		n. 🖫 No

HIACHED ASSOCANC	JES IF THE ASSISTANCE IS ANAMOUN.	
a. Authorized Represent	ative	
Prefix Mr.	First Name Peter	Middle Name
_ast Name Jensen		Suffix
. Title Assistant to the City Ma	nager	c. Telephone Number (give area code) 408.277.3183
I. Signature of Authorize		e. Date Signed 2-24-05
	1000) 2 (	Standard Form 424 (Rev.9-2003

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

PLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED	)	Applicant Ider	ntifier
TYPE OF SUBMISSION:		February 15, 200 3. DATE RECEIVED	BY STATE	State Applicat	ion Identifier
pplication	Pre-application	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identi	fier
Construction	☐ Construction ☐ Non-Construction				
Non-Construction APPLICANT INFORMATION			Organizational Un	it:	
gal Name:			Department:		
ounty of Modoc			Division:	Works	
ganizational DUNS:					to be contacted on matters
-611-8678 Idress:			Name and telepho involving this app	ne number of polication (give ar	erson to be contacted on matters ea code)
reet.	DEA	EN/EST	Prefix:	First Name: Richard	
2 W. 4th Street	I IIEG	EIVED	Mr. Middle Name	Richard	
ty: Ituras	FEB :	<del>8 2005                                     </del>	R. Last Name		
ounty: lodoc			Hironymous Suffix:		
tate: alifornia	Zip CSTATE CLEA	ARING HOUSE		<u> </u>	
ountry: USA			Email:		
. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (given	ve area code)	Fax Number (give area code)
			530-233-6403		530-233-3132
94-600052 TYPE OF APPLICATION:	2		7. TYPE OF APPL	ICANT: (See ba	ack of form for Application Types)
17 N	lew 🔲 Continua	ntion 🔲 Revision	B. County		
- : :ter engrapriate	etter(s) in box(es)		Other (specify)		
See back of form for descripti	ion of letters.)		9. NAME OF FED	ERAL AGENCY	•
Other (specify)  0. CATALOG OF FEDERA			Federal Aviation	Administration	PLICANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Progr IZ. AREAS AFFECTED BY	am PROJECT (Cities, Cou	2 0 = 1 0 6  nties, States, etc.):	Environmenta	I - Cat Ex n of Tie Down Ap	arville, Modoc County, California oron - Phase 2
City of Alturas, Modoc Count			14. CONGRESS	ONAL DISTRIC	TS OF:
13. PROPOSED PROJECT			a. Applicant	ONAL DIGITAL	b. Project
Start Date:	Ending Date: 2005		1 100		TO REVIEW BY STATE EXECUTIVE
2005 <b>15. ESTIMATED FUNDING:</b>					
	\$	.00			ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237:
a. Federal	<b>3</b>	249,030	a. 103. AVA	CESS FOR RE	VIEW ON
b. Applicant	\$	655 ·			
c. State	\$	12,452	DAT		0.40070
	\$	0 '	1 D NO 100 1		COVERED BY E. O. 12372
d. Local			OR	PROGRAM HAS	NOT BEEN SELECTED BY STATE
e. Other	\$	0 .			QUENT ON ANY FEDERAL DEBT?
f. Program Income	\$	0 .00			Month
g. TOTÁL	\$	262,137		attach an explan	DE TRUE AND CORRECT. THE
18. TO THE BEST OF MY DOCUMENT HAS BEEN D ATTACHED ASSURANCE	KNOWLEDGE AND BE ULY AUTHORIZED BY S IF THE ASSISTANCE	ELIEF, ALL DATA IN TH THE GOVERNING BOI E IS AWARDED.	IIS APPLICATION/PREADY OF THE APPLICANT	AND THE APP	RE TRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE
a. Authorized Representati	ve First Name			Viiddle Name F.	
Prefix Mr.	Thomas			Suffix	
Last Name Tracy		2		520-233-6409	mber (give area code)
I TIMA		11		DUU-200-0-100	
b. Title Director of Public Works d. Signature of Authorized		-/- /-		e. Date Signed	FB. 22 2005

API	PLI	CA	TIO	N	FOR
$\sim$	-				

OMB Approval No. 0348-0043

		<b>-</b>					
FEDER	AL ASSIS	STANCE	2. DATE SU	BMITTED			Applicant Identifier
1. TYPE OF S		Preapplication	3. DATE RE	CEIVED BY S	TATE		State Application Identifier
Constru		Construction	4. DATE RE	CEIVED BY F	EDERAL AGEN	iCY	Federal Identifier
	onstruction	Non-Construction		02.122 21.			
5. APPLICAN	T INFORMATIO	N					
Legal Name:				Organization			
City of Riv	erside						ment Agency
Address (give		te, and zip code).		1	•		on to be contacted on matters involving
	3900 Main			1 ''	ion (give area c		
	Riverside, County of I			Joyce Po	owers (9	51) 82	6-5769
6. EMPLOYER		ON NUMBER (EIN):		7. TYPE OF	APPLICANT:	enter app	propriate letter in box)
95	- 2 7	8 9 3 1 1					С
8. TYPE OF A			•	A. State			pendent School Dist.
	X New	Continuation	Revision	B. Count			Controlled Institution of Higher Learning
Il Bauraian and		diar(s) in bou(se)		C. Munic		J. Priva K. India:	ite University
ii Kavision, ent	er appropriate le	etter(s) in box(es)		D. Towns E. Interst	•	L. Indivi	
A. Increase Av	vard R Der	rease Award C. Increase	Duration	F Interm			it Organization
D. Decrease D		(specify)		3	al District		r (Specify)
		• • • • • • • • • • • • • • • • • • • •					
			_	9. NAME OF	FEDERAL AG	ENCY:	
					partment of Co		
				Econom	ic Developme	nt Admin	istration
10. CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRI	PTIVE TITLE O	F APPLIC	CANT'S PROJECT:
		<u> </u>	3 0 0	Public W	Vorks Impro	oveme	nts on porti <del>ons of lowa and</del>
TITLE DI	iblic Works	Improvements	لتالنالت	Columbi	a Avenues	in the	Hunter Business Park
		OJEGT (Citios, Counties, St	alos, etc.)	-			I DECENTER
		1		1			-ivel
City of F	averside	•					FER 20
13. PROPOSE	D PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				nstration  CANT'S PROJECT:  Ints on portions of lowa and  Hunter Business Park  FER 2 8 2005
Start Date	Ending Data	la Applicant		b. Project			STATE CLEARING HOUSE
Start Date	Ending Date	a. Applicant 21st		B. Project	21st		
15. ESTIMATE	D FUNDING:					CT TO RE	WEW BY STATE EXECUTIVE
				i .	12372 PROCES		
ii. Federal		\$	.00	1			
		2,000,000		a. YES.			DNAPPLICATION WAS MADE AVAILABLE
b. Applicant		\$	.00		TO THE STA	TE EXEC	UTIVE ORDER 12372
		2,911,200		4	DATE		ļ
c. State		\$	.00		DATE		
d. Local		S	.00	ь. NO.	PROGRAM	A IS NOT	COVERED BY E.O. 12372
u. Lucai		•					S NOT BEEN SELECTED BY STATE FOR
e. Other		\$	.00	1	REVIEW		
•							
I. Program Inco	me	S	.00	17. IS THE	PPLICANT DE	LINQUE	NT ON ANY FEDERAL DEBT?
			00	ا		ach	xplanation. 🔀 No
g. TOTAL		4,911,200	.00	101	If "Yes," att	ecnen (f)	rhenanon. 🔯 🚧
18 TO THE BE	ST OF MY KNO	WLEDGE AND BELIEF. AL	L DATA IN TH	IS APPLICAT	ION/PREAPPLI	CATION	ARE TRUE AND CORRECT, THE
DOCUMENT H	AS BEEN DULY	AUTHORIZED BY THE GO	VERNING BO	Y OF THE A	PPLICANT AND	THE AP	PLICANT WILL COMPLY WITH THE
		THE ASSISTANCE IS AWA					
	Authorized Rej		b. Title				c. Telephone Number
Michael Be	eck	_	Executiv	e Director		J	(951) 826-5190
	Authorized Repr	esentative					è. Date Signed
$\sim$	ノノ ニレ						0 4 -1
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Previous Edition Usable
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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

**OMB Approval No. 0348-0043** 2. DATE SUBMITTED Applicant Identifier **APPLICATION FOR** February 24, 2005 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier TYPE OF SUBMISSION: Application

☑ Construction Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ■ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Port of Oakland Acting by and through its Board of Port Port of Oakland **Commissioners** Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 530 Water Street Christina Lee Oakland, CA 94607 (510) 627-1510 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN): C Interdependent School District State State Controlled Institution of Higher Learning В. County Private University C. Municipal K. Indian Tribe D. Township 8. TYPE OF APPLICATION: Individual Interstate M. Profit Organization Intermunicipal Continuation Revision New New G. Special District N. Other (Specify If Revision, enter appropriate letter(s) in box(es): Increase Duration B Decrease Award Increase Award D Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 0 6 1. Construction of Apron Improvement South of TITLE: Airport Improvement Hangars 1-5, North Field, OIA Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 2. Reconstruction of East Apron Pavement, Phase 2, South Field, OIA San Francisco Bay Area 3. Airport Storm Water Management Capital **Improvement** 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT b. Project Start Date **Ending Date** a. Applicant 08/07 7 09/05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE .00 YES. a. Federal 19,000,000 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON .00 \$ b. Applicant 4,576,126 c. State \$ DATE: February 24, 2005 \$ b. NO PROGRAM IS NOT COVERED BY E. O. 12372 d. Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other S 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ .00  $\boxtimes$ g. TOTAL \$ 23,576,126 No Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED b. Title c. Telephone number a. Typed Name of Authorized Representative (510) 627-1268 **Director of Engineering** Gerald M. Serventi e. Date Signed d. Signature of Authorized Representative

Previous Editions Not Usable

Judd W

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February 24, 2005

APPLICATION FOR PTFP FUNDS  OMB Approval O660-0003  APPLICATION PART I	elecommunic NTIA/Department of Co CF	cations Fac ommerce/Washingto FDA 11.550	n DC 20230	For PTFP Use
1. APPLICANT			2. Employei ID # (EIN)	68-0004000
NI ACCOUNT OF THE PROPERTY OF	Center		3. DUNS #	15-109-5320
Legal Name Organizational Unit  National Indian Justice Education Programs	BECEIV	En	Main Station	į
Mailing Address (line 1) 5250 Aero Drive	I I keen V keen I V	<b>=</b> 0	Call	Radio MHz TV Channel
Address (line 2	FEB 2 8 20	005		
if required)  City  Santa Rosa		State CA	County Son	oma zip <u>95403</u>
4. Administrative Contact	STATE CLEARING	HOUSE <del>E-mail raqu</del> ellemyers	@niic.ora	
Mr., Ms., Dr. First Name	M. I. Last Name		Jr. etc Positio	
Ms. Raquelle	Myers			ect Director
			707 570 004	•
Phone # (707) 579-5507 ext. 223		Fax #	(707) 579-901	9
5. Engineering Contact		Engineer	707 570 550	.7
Full Ms. Raquelle Myers		Phone	(707) 579-550	
Title Project Director		E-mail	raquellemyers	@nijc.org
PROJECT INFORMATION	6a. Enter "Y" if	6b. Old	7. Enter "Y" if new	8. Enter the
Enter letter(s) to classify project	Reactivation N	File #	FCC authorization	ons N Priority or Category under which
,,	TV PT (B)roadcast or	(N)onbroadcast N	10.Length of	you request the application
(P)lanning or P (R)adio or (C)onstruction or (RT) for	both or (BN) for both		Project (# of months)	be reviewed
			months	
11. Check ONE line which best describes you	r project and enter the number of	of persons that the project	•	Special Application
Check ONE line which best describes you     Enter the population in the NEW BROAD appropriate column facility; repealer,	CAST REPLACE or augment BROADCAST co	DIGITAL onversion of public radio acti	will benefit ✓ NONBROADCAST	Special Applicatio
11. Check ONE line which best describes you Enter the population in the appropriate column facility; repealer, translator.	CAST REPLACE or augment BROADCAST co	DIGITAL	will benefit ✓ NONBROADCAST	
11. Check ONE line which best describes you  Enter the population in the appropriate column facility; repealer, translator.	CAST REPLACE or augment BROADCAST co	DIGITAL onversion of public radio acti r TV stalion	will benefit ✓ NONBROADCAST	12. Single Congressional District of Applicant 1
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11. Check ONE line which best describes you Enter the population in the appropriate column  Population Currently Served by station  First Service added by NEW proposed facility  ADDED SERVICE to those covered by others  14. ESTIMATED FUNDING (whole a. Federal Request \$ 202.	REPLACE or augment BROADCAST Con provided in the control of the co	DIGITAL onversion of public radio activity station  (i)  tion subject to review by E  This application was made state EO 12372 process for	twill benefit  NONBROADCAST ivation or expansion  12,500  Executive Order 1237: a available to the or review on	12. Single Congressional District of Applicant  13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant delinquent on any Federal Debt?
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11. Check ONE line which best describes you Enter the population in the appropriate column  Population Currently Served by station  First Service added by NEW proposed facility  ADDED SERVICE to those covered by others  14. ESTIMATED FUNDING (whole a. Federal Request \$ 202, c. TOTAL \$ 275, c. TOTAL \$	REPLACE or augment BROADCAST Con provided in the control of the co	DIGITAL Onversion of public radio acti r TV stalion  (i)  ttion subject to review by E This application was made State EO 12372 process for 03/01/2005  Program is not cover	NONBROADCAST Ivation or expension  12,500  Executive Order 1237: a available to the or review on red by EO 12372	12. Single Congressional District of Applicant  13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant definquent on any Federal Debt?  NO Enter YES or NO
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11. Check ONE line which best describes you Enter the population in the appropriate column  Population Currently Served by station  First Service added by NEW proposed facility  ADDED SERVICE to those covered by others  14. ESTIMATED FUNDING (whole a. Federal Request \$ 202, b. Applicant Share \$ 72, c. TOTAL \$ 275, d. Fed. % of eligible costs 7.5  17. CERTIFICATION BY AUTHORIST The document has been duly authorized be Rules if the assistance is awarded.  Mr., Ms., Dr. First Name  Mr. Joseph	REPLACE or augment BROADCAST Con AUGMENT	tion subject to review by E This application was made State EO 12372 process for 03/01/2005  — Program is not cover — or Program has not b State for review  To the best of my know applicant and the applicant and the applicant Phone # (707) 579-	NONBROADCAST  Ivation or expansion  12,500  Executive Order 1237: Example 12372	12. Single Congressional District of Applicant  13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-9)  CA 1, 2, 49  16. Is applicant definquent on any Federal Debt?  NO Enter YES or NO If YES, attach explanation.  data in this application are true and correct, the attached assurances and the PTFP

Nijc

APPLICATION FOR PTFP FUNDS PAGE 2

### Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

18. Summary of application The NIJC s planning the NIJC Regional Jucalifornia community training to a primarily and substantial benetribal communities as	project wustice Cery technology Native A	ill study the rater in Santa gy centers. merican targ	need, feasibility and Rosa, California, a of The purpose of this et audience. A cultuation by transmitting	strategies for escommunity colle distance-learninurally appropriate information vita	ege in Sou ng infrastro e distance al to impro	itherri Cali ucturi will e-learning oved gove	tornia ar be to de infrastru nment a	nd inreliver	ee remoter culturally a will providervice oper	ppropriate e timely
19. Types of Applicant (E				20. Statio			SYEAR		NEXT YEAR FUN	
A. State	J. Private Un	iversity		<b>5</b> pc.		Number	Hrs./	Wk	Number	Hrs./Wk
B. County C. Municipal	K. Indian Trib L. Individual (	xe (NOTE: Not eligibl	e for PTFP funding)	Full-	Time Staff		0	٥		
D. Township E. Interstate F. Intermunicipal	M. Non-profit O. Olher (spe			Part	-Time Staff		0	0		
G. Special District H. Independent School Dis I. State Controlled Institute		ſ <u>-</u>			Volunteers		0	0		
Higher learning		M		Operat	ing Budget	\$	<u>-</u> L	0	S	
21. Public Broadcasting A  Enter "Y" if applicant i currently CPB qualifie  If applicant is NOT	is d	✓ ap No	eck if nonbroadcast plication and therefore Q. t Applicable sected qualification	21 This year	Members Enter "Y" PBS	hip in nation as appropria NPR	al public bi	PRI	Other	Other
currently CPB qualifie enter "Y" if qualification is expected.	od, on			Next year						
73 You (IV)				de from the Common day		hlis Dunadan				
(circle <del>oné</del> ) ar Pi	nother Feder	ral program for I	a apply to, or received fun his project or a related pr garding funds from CPB (	oject?				•	nother	
24. List all public radio, T type signal to the propose	ed service ar	rea (1 MV for Fi	A, Grade B for TV).	25. Areas affected by this Project	Covelo,	osa, Sono Round Va	lley Res	ervat	CA tion, Point is Point Bar	nd of
City			Call Letters	(Cities, Counties,	Pomos:	Meridocii	no Coun	ty, C/		
City			Call Letters	States, Etc.)	Pauma/	nbe, napt Yuima, Pa Indian: S	la, La Jo	, Sisr olla ai	nd Rincon E	Band of
City			Call Letters							
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REMARKS (continuation	or any items	s nom page 1 or	uns page- continue on p	лып рарег апаспес	i to this pag	e ir necessar	<u>у</u> ј	<del></del>		
Authorized for Local Reprodu	uction		coliva	2	This form ex	pires 10/31/20	06 Previo	ous Edil	ions NOT usabl	е

# Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use

Check	here	if
Revise	d For	m

OMB Approval

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Signature of authorized representative

Authorized for Local Reproduction

APPLICATIO	JN PARTI						2.	Employer		0050044			
I. APPLICAI	NT						,,	) # (LII )	<u>68-</u>	0050044	(		
egal Name	Mendocino C	ounty Public B	oadcas	ting				. DUNS#	-/	Applie	d	For	
Organizational Unit	KZYX-FM						Main Station Call	KZYX	FM	90.7			
Mailing Address (line 1)	P.O. Box 1						Letters		Radio	MHz	TV	′	Channel
Address (line 2 f required)	9300 Highwa	y 128			-				,				
City	Philo				State C	Α	Co	unty <u>Men</u>	docir	10	Zip _	95466	5-0001
I. Administrati	ive Contact				E-mail <u>man</u>	@kzyx.or	g						
Mr., Ms.	, Dr. First Name	ļ	<b>И.</b> I.	Last Name			Jr. etc	Positio	n				
Ms.	Mary	-		Aigner				Prog	ram [	Director			
Phone # <u>(707</u>	7) 895-2324 ex	t. 103	R	CEN	ÆD.	Fax #	(707)	895-245	1				
5. Engineering	Contact				0005								
Full Mr. I Name	Mitchell Holma	n	<u> </u>	EB 2 5	<u>ZU</u> U5	Engineer Phone	(707)	895-232	4				
Title Chie	ef Engineer		STATE	CLEARIN	<del>G-</del> HOUSE	E-mail	engine	eer@kzy	x.org				
PROJECT I	NFORMATION	6a.	Enter "Y Reactiva	"if tion N	6b. Old File	£	7. Enter	"Y" if new authorizati	ons N			8. Ente	
(P)lanning o (C)onstruction	E line which best doublation in the facility translaturrently	(R)adio or (T)V or (RT) for both - escribes your proje NEW BROADCAST repeater,	ect and enREP augment BI EQUIPMEN	or (BN) for botter the number LACE or ROADCAST		at the projec	mont t will benef	ct (# of hs) it	8	12. Single Congress District of Applicant		you red the apple be revi	olication
First Service			66,87	1						13. Other Corproject (e.	ng. distri .g. PA 1-	cts serve	ed by 5-9)
NEW propose	ed facility		0		13434					None			
ADDED SER those covered			0					-					
14. ESTIMA		G (whole dolla	ırs)	15. Is applic	cation subject This applicat	on was mad	e available	to the	'2?	16. Is a any Fed			uent on
a. I ederal Nec		10,139			State EO 12 03/01/200		for review (	on		NO			
b. Applicant S	hare \$	10,139					50	40070		Enter Y If YES,			ation.
c. TOTAL	\$	20,278		NO	or Pro	m is not cove gram has not or review							
d. Fed. % of e	eligible costs	50.00	% -		0.0.0								
The documer	nt has been duly	AUTHORIZED authorized by the	REPRE	SENTATIV g board of the	applicant a	est of my kno	cant will c	d belief, all comply with	data i	n this applic attached as	ation a	re true a ces and	and correct the PTF
Rules if the as	ssistance is award	ed.	<b>1</b> . I.	Last Name	Phone # (	707 ) 895	5-2324 Jr. etc	Position		······································			
Mr., Ms., Dr.	First Name	ľ	i	Aigner				Prod	gram	Director			
Ms.	Mary	_	_	AIGHEI									

February 23, 2005

# Public Telecommunications Facilities F. ogram NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0660-0003

Types of Applicant (Ent	er appropria	ate letter	in box)			-	20. Statio		THIS	YEAR	١	NEXT YEAR II FUND	
			•				Opera	ations	Number	Hrs./V	Vk	Number	Hrs./Wk
County K Municipal L	. Private Univ . Indian Tribe Individual (1	<u> </u>	t eligible	for PTF	P funding)		Full-	Time Staff	6	3	40	6	4(
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Enter "Y" if applicant is			- Not	Applica	able	, o a. 21		PBS		NFCB	PRI	Other	Other
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If applicant is NOT currently CPB qualified		Date		JOIGU QU	uamication		Next year				Υ	Υ	
enter "Y" if qualification is expected.								1	Y	<u> </u>	Υ	Υ	
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Authorized for Local Reproduction

FOR PTFP F			NTIA/De	ommu	of Commonson Alla	~h:	~ ^^^		Revised Form
APPLICATI	ON PAR	RT I			of Commerce/Wa CFDA 11.550	zumārou D	<b>₩</b> 20230	For PTFP Use	
1. APPLICA	NT						2. Employe ID # (EIN)	95-6042	721
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Organizational Unit	KPBS			- R Bass	The Read of the Re	Mi		01-337-1	
Aalling Address (line 1)	<u>5250 (</u>	Campanile Dr.		FE	B 2 5 2005	CE		Radio MHz	KPBS TV 15
iddress (line 2 required) City	San Di	ego		STATE (	CLEARING HOUS State CA	SE	County San	ı Diego	Zip <u>92182-5</u> 400
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Title <u>Direct</u>	tor of En	gineering & IT				0116	ssenie@kp		
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## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 16-28, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

	elecommunications Facilities Program Check h. Revised NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use	
1. APPLICANT	2. Employer ID # (EIN) 94-1241309	
Legal Name KQED, Inc.	3, DUNS # 00-477-0921	
Organizational Unit KQED Public Television	Main	
Mailing Address (line 1) 2601 Mariposa Street	Galler KQED FM 88.5 KQED T Latters Radio MHz TV	V 9 Channel
Address (line 2 if required)		4.01.11.01
City San Francisco	State CA County San Francisco Zip 94	110-
4. Administrative Contact	E-mail swelch@kqed.org	
Mr., Me. Dr. First Name	M. I. Last Name Jr. etc Position	
Mr. Stephen	B. Welch Exec Dir, TV Engineering an	d Operations
Phone # (415) 553-2290	Fax # (415) 553-2415 RECEIV	/ED
5. Engineering Contact	ren a 8 d	2005
Full Mr. Watkins Lee Young	Engineer (415) 553-2164 FEB 2 8 2	2005
Title Manager, Engineering Facilitie	E-mail lyoung@kged.ord STATE CLEARING	G HOUSE
9. Enter letter(s) to classify project  (P)lanning or C (R)adio or (T)  (C)onstruction or (RT) for both	are required Cate und  V T (B)readcast or (N)enbroadcast B Project (# of 12 the	rify or egory er which request eviewed
	project and enter the number of persons that the project will benefit	roadcast Other
Enter the population in theNEW BROADCA: appropriate column facility: repeater, translator.	STREPLACE or	roadcast Other
Enter the population in theNEW BROADCA: appropriate column facility: repeater,	ST REPLACE or augment BROADCAST EQUIPMENT DIGITAL Conversion of public radio or TV station or expansion of Congressional District of Applicant S,170,000	
Enter the population in the appropriate column facility: repeater, translator.  Population Currently Served by station	ST REPLACE or augment BROADCAST EQUIPMENT DIGITAL Conversion of public radio or TV station or expansion of Congressional District of Applicant S,170,000	ved by 4, 5-9)
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## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

18. Summary of application (Summarize the pur KQED Public Television in San Franciswitcher so we can produce High Definition of the field, and will be a	sco is requesting fur	nding ass	istance to	equipmed	n will he u	sed on two	d video production	luction stages, thei
19. Types of Applicant (Enter appropriate letter i	ri box)		20. Stati	on	THIS	S YEAR		R IF PROJECT
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B. County K. Indian Tribe C. Municipal L. Individual (NOTE: Not D. Township M. Non-profit	eligible for PTFP funding)		Full	-Time Steff	230	9 4	0 23	0 40
E. Interstate O. Other (specify) F. Intermunicipal G. Special District			Part	-Time Staff		3	0	6 0
M. Independent School District  I. State Controlled Institute of Higher learning				Volunteers	3324	1	0 330	0 0
<u>M</u>	]		Operat	ing Budget	Ŝ	42,800,00	0 \$	43,500,000
21. Public Broadcasting Affiliations  Enter "" if applicant is	Check if nonbroadcast application and therefo Not Applicable			Memberst Enter "Y"	as appropriat	l public broad 6. NFCB PF	casting organi	<del></del> - ~
currently CPB qualified	f expected qualification		This year					
If applicant is NOT currently CPB qualified, enter "Y" if qualification			Next year	Y	<u>Y</u>	<u>Y</u>	Y	Y
ls expected.		J		Y	X IA	<u> </u>	<u> Y</u>	<u>  Y                                   </u>
Proposed Community of Ilcense  23. Yes (No) Have you spplled to, Inter- snother Federal program Please provide informatio page.  24. List all public radio, TV stations or ITFS facility San Jose, CA City San Mateo, CA	nd to apply to, or received for this project or a relate in regarding funds from C	ed project? PB or other  ar 25. aff this (Ci	Federal fund Areas acted by 3 Project tiles, unties,	ition for Pub is in the Ren The nine- California	county Sa and additional	n Francisco	another D Bav Area	nd national
City  Rohnert Park, CA	Call Letters  KRCB			- 50 (24) (16)			······································	
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OMB Approval 0660-0003 APPLICATIO	ON PART I	N HA/I		Commerce/Wa CFDA 11.550	isi ii iga		Ü	or PTFP se	
1. APPLICA	NT		RECE	IVED			Employer # (EIN)	68-0004000	
Legal Name	National Indian	Justice Center		0 000		3.	DUNS#	15-109-5320	0
Organizational Unit	Education Prog	grams	FEB 2	8 2005		Main Station			
Mailing Address (line 1)	5250 Aero Driv	'e	STATE CLEA	RING HOUSE		Call Letters	Ra	dio MHz	TV Channel
Address (line 2 required)					J				
City	Santa Rosa			State <u>CA</u>		Co.	nty <u>Sonor</u>	na	Zip <u>95403-</u>
l. Administrati	ve Contact			E-mail raquelle	emyers	@nijc.org		,	
мг., мs., <b>Ms</b> .	Dr. First Name Raquelle	<b>M.</b>		e		Jr. etc	Position	Director	
	A		Myers		<del></del>	***********	Project	Director	
	) 579-5507 ext. 2	223		F	Fax #	(707)	79-9019		
i. Engineering Full Me I					Engineer	. 707 /	:70 FF07		
	Raquelle Myers	<u> </u>		r	Phone	\	i79-5507		
Title Proje	ect Director			E	E-mail	raquell	emyers@	nijc.org	
(P)lanning or (C)onstructio	n P (F	R)adio or (T)V RT	(B)roadcast or (BN) for b	or (N)onbroadcast ooth	N	10.Length Project months	l (# of	12	under which you request the application be reviewed
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18. Summary of application (Summarize the purposes of the application in a few sentences.)

APPLICATION FOR PTFP FUNDS PAGE 2

## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

the NIJC Regional Justice Center California community technology training to a primarily Native Americand substantial benefits to the la	study the need, feasibility and stract in Santa Rosa, California, a como centers. The purpose of this disterican target audience. A cultural project population by transmitting infining the intergenerational, oral least	nmunity colle tance-learnin ly appropriat formation vita	ge in Sou g infrastr e distanc al to impre	Ithern Califoructure will to e-learning in the contraction of the cont	ornia and those to deliver of tastructure oment and s	ree remote culturally a e will provic service oper	ly located appropriate le timely
19. Types of Applicant (Enter appropriate	e letter in box)	20. Static	on ations	THIS	YEAR		IF PROJECT
A. State J. Private Univer	rsity	Орег	alions	Number	Hrs./Wk	Number	Hrs./Wk
D. Township M. Non-profit	OTE: Not eligible for PTFP (unding)	Full-	Time Staff		0		
E. Interstate O. Other (specif F. Intermunicipal G. Special District	у)	Part-	Time Staff	0	0	d. (1.1. januari	
H. Independent School District I. State Controlled Institute of Higher learning		,	Volunteers -	0	0		
	<u>M</u>	Operati	ng Budget	\$	0	\$	
•							
Od Dulatta Dana danadan AZULU							
21. Public Broadcasting Affiliations	Check if nonbroadcast application and therefore Q. 21 Not Applicable			hip in national as appropriate	public broadca	asting organiza	ations,
Enter "Y" if applicant is currently CPB qualified	(CCL) (ppilodalic		PBS	: NPR	IFCB PRI	Other	Other
If applicant is NOT	Date of expected qualification	This year					
currently CPB qualified, enter "Y" if qualification is expected.		Next year			i		i
(Circle one) another Federal (	e Channel # FCC File #	oom, the Corpora	ation for Pu		ing (CPB) or		sed
24. List all public radio, TV stations or IT type signal to the proposed service area  City  City  City	(1 MV for FM, Grade B for TV).  Call Letters	25. Areas affected by this Project (Cities, Counties, States, Etc.)	Covelo, Arena-M Pomos: Karuk Ti Pauma/ Mission	Round Valle lanchester : Mer docinc ibe, Happy Yuima, Pala Indian: S	na County, (ey Reservat and Stewart County, Co Camp, Sisk	tion, Point is Point Bar A dvou Count	v. CA

APPLICATION FOR				-	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED February 24, 2005		Applicant Ider	itifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
• • •		4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Construction	Construction			3-06-0226	
<ul><li>Non-Construction</li><li>APPLICANT INFORMATION</li></ul>	Non-Construction				
Legal Name:		-	Organizationa	l Unit:	
City of San Jose			Department: Norman Y. Min	eta San Jose Internat	ional Airport
Organizational DUNS: 063541874			Division:		
		n			rson to be contacted on matters
Street:	RECEIVE	.0	involving this Prefix:	application (give are First Name:	a code)
1732 N. First Street, Suite 600	~ 000	15	Ms.	Lilian	
City: San Jose	FEB 2 8 200	).)	Middle Name S.	*.	·
County: Santa Clara	STATE CLEARING I	HOUSE	Last Name Ramirez		
State: CA	95112		Suffix:		
Country: USA			Email:   Iramirez@sjc.c	ora .	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	ů.	Phone Number		Fax Number (give area code)
94-6000419	_		408.501.7663		408.573.1677
8. TYPE OF APPLICATION:			7. TYPE OF AF	PPLICANT: (See bac	k of form for Application Types)
□ Nev	v Continuation	n Revision	C - Municipal	, •	
lf Revision, enter appropriate lett	er(s) in box(es)		'		
(See back of form for description	of letters.)		Other (specify)		
Other (specify) Note: Continuation of AIP 59: V	Viden Taxiway Y			EDERAL AGENCY: Aviation Administratio	n s
10. CATALOG OF FEDERAL I		E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		20-106	Widen Taxiway	y - Construction: To wi	den a portion of Taxiway Z, ten
TITLE (Name of Program):	,				including upgraded drainage,
Airport Improvement Program (A			biast protection	i paving, ngnung, sign	age and pavement markings.
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
City of San Jose					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project
November 14, 2005 (Est NTP)	December 31, 2006		15th		15th
15. ESTIMATED FUNDING:				DD00=000	REVIEW BY STATE EXECUTIVE
a. Federal \$		4.000,000	TH Voc IV	IS PREAPPLICATION	J/APPLICATION WAS MADE
b. Applicant \$		970,000	-	OCESS FOR REVIEW	THE EXCOUNTE ONDER TEORE
c. State \$			DA	TE: February 24, 200	5
d. Local \$		.00	b. No. PR	OGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		. 00		R PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$	<u> </u>	.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	-	4,970,000 ·	Yes If "Yes"	' attach an explanatior	n. No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	, ALL DATA IN THIS APP	PLICATION/PRE	APPLICATION ARE 1	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.	THE AFFEIGAN	I AND THE ALL EIGH	THE COMMENT OF THE CO
a. Authorized Representative				Middle Name	
Prefix Mr.	First Name Peter				
Last Name Jensen				Suffix	
b. Title Assistant to the City Manager		•		c. Telephone Number 408.277.3183	(give area code)
d. Signature of Authorized Repre	esentative Alt 1	Ru		e. Date Signed	4.05

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	` <b>=</b>	2. DATE SUBMITTE	n	[A!:	Version 7
1. TYPE OF SUBMISSION:	<b>/</b> L	February 24, 2005		Applicant Ic	dentifier
Application	Pre-application	3. DATE RECEIVED			cation Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AG	ENCY Federal Ide	ntifier
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction			03-06-0226	
Legal Name:		· · · · · · · · · · · · · · · · · · ·	Organization	al Unit	
City of San Jose	•		Department:		
Organizational DUNS: 063541874	National Company of the Company of t		Division:	neta San Jose Intern	ational
063541874 Address:	PEOP	75-7			
Street:		VED	Name and tel	ephone number of papplication (give a	person to be contacted on matters
1732 N. First St, Suite 600	FED 9 0	2005	Prefix:	First Name:	rea code)
Citv:	FEB 2 8	2005	Ms Middle Name	Lilian	
San Jose County:	STATE OF EVEN		S.		
Santa Clara	STATE CLEARING	G HOUSE	Last Name Ramirez		
State: CA	Zip Code 95112		Suffix:		
Country: USA			Email:		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIM):		Iramirez@sjc.d		
			Phone Number	(give area code)	Fax Number (give area code)
94-6000415 8. TYPE OF APPLICATION;	3]		408.501.7663		408.573.1677
Ne	w 🖺 Continuation	m	7. TYPE OF A	PPLICANT: (See ba	ck of form for Application Types)
If Revision, enter appropriate let	ter(s) in hov(es)	Revision	C-Municipal		
(See back of form for description	n of letters.)		Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY: Aviation Administration	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program): Airport Improvement Program (	AIP)	20-106	Noise attenuati		50 dwelling units within the
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):			•
San Jose, California					
13. PROPOSED PROJECT Start Date:	Ending Date:			SIONAL DISTRICTS	
September 1, 2005	September 1, 2007		a. Applicant 15th		b. Project 15th and 16th
15. ESTIMATED FUNDING:			16. IS APPLICA	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 F	'ROCESS? S PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$	,	3,000,000	AVA	AILABLE TO THE ST OCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372
c. State \$		.00		E: February 24, 200	
d. Local \$		750,000	b. No. PRO	OGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		.00		PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$		.00	FOF	REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,750,000	_	attach an explanation	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF. A	I I DATA IN THIS AD	DUCATION/DDEA	DDI ICATION ADE T	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AU INURIZED BI INE GI	OVERNING RODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	TE ASSISTANCE IS AWA	AKUEU.			
Prefix Mr.	First Name Peter	-	M	iddle Name	
Last Name Jensen	1		S	uffix	
b. Title Assistant to the City Manager			c.	Telephone Number	(give area code)
d. Signature of Authorized Repres	sentative A, L	Δ.	4	08.277.3183 Date Signed	
Previous Edition Usable	In A	7 jun		2-24	
Authorized for Local Reproduction	1	$\bigcup$			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTANC	,E	2. DATE SUBMITTED February 24, 2005		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	BY STATE	State Application Identifier
Application	Pre-application			
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier
Non-Construction  APPLICANT INFORMATIO	Non-Construction			03-06-0226
egal Name:			Organizational Uni	•
City of San Jose	•		Department:	
Organizational DUNS:				an Jose International
063541874 Address:			Division:	
Street:			Name and telephon	e number of person to be contacted on m
732 N. First St, Suite 600			Prefix:	cation (give area code)  First Name:
City:			Ms	Lilian
San Jose			Middle Name S.	
County: Santa Clara		,	Last Name Ramirez	
tate:	Zip Code		Suffix:	
ountry:	95112			
JSA			Email:  ramirez@sjc.org	
. EMPLOYER IDENTIFICATIO		-	Phone Number (give a	area code) Fax Number (give area code)
94-6000419	0		408.501.7663	408.573.1677
TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back of form for Application Type
Nev Revision, enter appropriate lett	w Continuation	Revision	C-Municipal	· · · · · · · · · · · · · · · · · · ·
ee back of form for description	of letters.)		Other (specify)	
	, <u> </u>			$\mathcal{N}_{\mathcal{A}} = \{ 1, \dots, n \in \mathbb{N} \mid n \in \mathbb{N} \mid n \in \mathbb{N} \}$
ther (specify)			9. NAME OF FEDER	AL AGENCY:
). CATALOG OF FEDERAL [	DOMESTIC ASSISTANCE	LUMPED	DOT - Federal Aviation	
		= NUMBER:	11 DESCRIPTIVE TO	TI E OE ADDITIONES := :=
			11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
TLE (Name of Program):		20-106	Airfield Taxiway Sign	Replacement: To replace airfield taximan sign
rport Improvement Program (A	AIP)	20-106	Airfield Taxiway Sign	TLE OF APPLICANT'S PROJECT:  Replacement: To replace airfield taxiway sig do not meet current luminance standard.
rport Improvement Program (A . AREAS AFFECTED BY PRO	AIP)	20-106	Airfield Taxiway Sign	Replacement: To replace airfield taximan sign
rport Improvement Program (A . AREAS AFFECTED BY PRO an Jose, California	AIP)	20-106	Airfield Taxiway Sign that are outdated and	Replacement: To replace airfield taxiway sig do not meet current luminance standard.
rport Improvement Program (A . AREAS AFFECTED BY PRO	AIP)  OJECT (Cities, Counties,	20-106	Airfield Taxiway Sign that are outdated and 14. CONGRESSIONA	Replacement: To replace airfield taxiway sig do not meet current luminance standard.
rport Improvement Program (A. AREAS AFFECTED BY PRO an Jose, California . PROPOSED PROJECT art Date: by 1, 2005	AIP)	20-106	Airfield Taxiway Sign that are outdated and	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:  b. Project
rport Improvement Program (A. AREAS AFFECTED BY PRO an Jose, California . PROPOSED PROJECT art Date:	AIP)  OJECT (Cities, Counties,  Ending Date:	20-106	Airfield Taxiway Sign that are outdated and 14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:  b. Project 15th  SUBJECT TO REVIEW BY STATE EVECUTE
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rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT OF THE PROPOSED OF T	AIP) OJECT (Cities, Counties,  Ending Date: June 30, 2006	2 0 -1 0 6 States, etc.):	14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. AVAILABL	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE EXECUTESS?
rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT OF THE PROPOSED OF T	AIP) OJECT (Cities, Counties,  Ending Date: June 30, 2006	2 0 - 1 0 6 .  States, etc.):	14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE AVAILABL PROCESS	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:    b. Project   15th
rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT AND AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT AND AREAS AFFECTED BY 1, 2005  ESTIMATED FUNDING: Federal \$ Applicant \$ State	AIP) OJECT (Cities, Counties,  Ending Date: June 30, 2006	2 0 -1 0 6  States, etc.):  912,000	14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE PROCESS DATE: Fe	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  LL DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE EXECUTESS?   APPLICATION/APPLICATION WAS MADE   E TO THE STATE EXECUTIVE ORDER 1238 FOR REVIEW ON   bruary 24, 2005
rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT AND AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT AND AREAS AFFECTED BY 1, 2005  ESTIMATED FUNDING: Federal  Applicant State Local	AIP) OJECT (Cities, Counties, Ending Date: June 30, 2006	2 0 - 1 0 6 .  States, etc.):  912,000  00  220,000	Airfield Taxiway Sign that are outdated and 14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE AVAILABL PROCESS DATE: Fe	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:    b. Project   15th
rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT OF THE PROPOSED OF THE PROPO	Ending Date: June 30, 2006	2 0 -1 0 6  States, etc.):  912,000  00  00	Airfield Taxiway Sign that are outdated and a. Applicant 15th  16. IS APPLICATION ORDER 12372 PROCE a. Yes. THIS PRE AVAILABL PROCESS DATE: Fe b. No. PROGRAM	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:    b. Project     15th     SUBJECT TO REVIEW BY STATE EXECUTESS?   APPLICATION/APPLICATION WAS MADE     E TO THE STATE EXECUTIVE ORDER 123     FOR REVIEW ON     bruary 24, 2005     IS NOT COVERED BY E. O. 12372     RAM HAS NOT BEEN SELECTED BY STATE
rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT OF THE PROPOSED OF THE PROPO	Ending Date: June 30, 2006	2 0 - 1 0 6 .  States, etc.):  912,000  00  220,000	Airfield Taxiway Sign that are outdated and a. Applicant 15th  16. IS APPLICATION ORDER 12372 PROCE AVAILABL PROCESS DATE: Feb. No. PROGRAM	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  LL DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE EXECUTESS?  APPLICATION/APPLICATION WAS MADE. E TO THE STATE EXECUTIVE ORDER 123 FOR REVIEW ON  bruary 24, 2005  M IS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATEW
rport Improvement Program (A. AREAS AFFECTED BY PROBATION OF THE PROPOSED PROJECT OF THE PROPOSED OF THE PROPO	Ending Date: June 30, 2006	2 0 - 1 0 6  States, etc.):  912,000  00  220,000  00  00  00  00  00	Airfield Taxiway Sign that are outdated and a. Applicant 15th  16. IS APPLICATION ORDER 12372 PROCE AVAILABL PROCESS DATE: Feb. No. PROGRAM	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:    b. Project     15th     SUBJECT TO REVIEW BY STATE EXECUTESS?   APPLICATION/APPLICATION WAS MADE     E TO THE STATE EXECUTIVE ORDER 123     FOR REVIEW ON     bruary 24, 2005     IS NOT COVERED BY E. O. 12372     RAM HAS NOT BEEN SELECTED BY STATE
rport Improvement Program (A. AREAS AFFECTED BY PROBATED BY PROPOSED PROJECT BY 1, 2005  ESTIMATED FUNDING:  Federal  Applicant  State  Local  Other  rogram Income  OTAL	ENUED  3 2, 8 7005  CLEARING HOUSE	2 0 - 1 0 6  States, etc.):  912,000  00  220,000  00  1132,000	Airfield Taxiway Sign that are outdated and 14. CONGRESSIONA a. Applicant 15th 16. IS APPLICATION ORDER 12372 PROCE AVAILABL PROCESS DATE: Fe b. No. PROGRAM OR PROGRAM OF	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L. DISTRICTS OF:    b. Project     15th  SUBJECT TO REVIEW BY STATE EXECUTESS?   APPLICATION/APPLICATION WAS MADE   LE TO THE STATE EXECUTIVE ORDER 1235 S FOR REVIEW ON  bruary 24, 2005 M IS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATE  EW   IT DELINQUENT ON ANY FEDERAL DEBT
rport Improvement Program (A. AREAS AFFECTED BY PROBLEM IN JOSE, California I. PROPOSED PROJECT art Date:  y 1, 2005 I. ESTIMATED FUNDING:  Federal SAPPLICANT STATE  Other Togram Income STATE  TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	ENUED  Ending Date: June 30, 2006  ZEVED  LEARING HOUSE  VLEDGE AND BELIEF, A	2 0 - 1 0 6  States, etc.):  912,000  00  220,000  00  1,132,000  LL DATA IN THIS APP	Airfield Taxiway Sign that are outdated and a. Applicant 15th  16. IS APPLICATION ORDER 12372 PROCE AVAILABL PROCESS DATE: Fe b. No. PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM OF OR REVI	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L. DISTRICTS OF:    b. Project   15th  SUBJECT TO REVIEW BY STATE EXECUTESS? APPLICATION/APPLICATION WAS MADE. E TO THE STATE EXECUTIVE ORDER 123 FOR REVIEW ON bruary 24, 2005  M IS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATEW  IT DELINQUENT ON ANY FEDERAL DEBTORS
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rport Improvement Program (A. AREAS AFFECTED BY PROBLEM AND ASSURANCES IF THURIDING AREAS AFFECTED BY PROBLEM ACHED ASSURANCES IF THURIDING AREAS AFFECTED BY PROBLEM ACHED ASSURANCES IF THURIDING AREAS AFFECTED BY PROBLEM ACHED ASSURANCES IF THURIDING AREAS AFFECTED BY PROBLEM ACHED ASSURANCES IF THURIDING AREAS ACHED ASSURANCES ACHE	Ending Date: June 30, 2006  LEVED  LEARING HOUSE  CLEARING HOUSE  WEDGE AND BELIEF, A  JUTHORIZED BY THE GO  HE ASSISTANCE IS AWA	2 0 - 1 0 6  States, etc.):  912,000  00  220,000  00  1,132,000  LL DATA IN THIS APP	Airfield Taxiway Sign that are outdated and a. Applicant 15th  16. IS APPLICATION ORDER 12372 PROCE AVAILABL PROCESS DATE: Fe b. No. PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM OF OR REVI	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L. DISTRICTS OF:    b. Project   15th  SUBJECT TO REVIEW BY STATE EXECUTESS? APPLICATION/APPLICATION WAS MADE. E TO THE STATE EXECUTIVE ORDER 123 FOR REVIEW ON bruary 24, 2005  M IS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATEW  IT DELINQUENT ON ANY FEDERAL DEBTORS
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rport Improvement Program (A. AREAS AFFECTED BY PROBLEM IN JOSE, California I. PROPOSED PROJECT art Date:  y 1, 2005  ESTIMATED FUNDING:  Federal SAPPLICATE  Applicant STATE  OTAL STATE  TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A ACHED ASSURANCES IF THURTHOLIZED REPRESENTATION  I Name sen	Ending Date: June 30, 2006  ENDINE TO THE TO	2 0 - 1 0 6  States, etc.):  912,000  00  220,000  00  1,132,000  LL DATA IN THIS APP	Airfield Taxiway Sign that are outdated and an	Replacement: To replace airfield taxiway sig do not meet current luminance standard.  L DISTRICTS OF:    b. Project   15th   SUBJECT TO REVIEW BY STATE EXECUTESS?   APPLICATION/APPLICATION WAS MADE   E TO THE STATE EXECUTIVE ORDER 1238 FOR REVIEW ON     Bruary 24, 2005   IS NOT COVERED BY E. O. 12372     RAM HAS NOT BEEN SELECTED BY STATE   EW     IT DELINQUENT ON ANY FEDERAL DEBTOR   IT DELINQUENT ON ANY FED

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	·	2. DATE SUBMITTED February 24, 2005		Applicant Ider	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E	Y STATE	State Applicat	ion Identifier
Construction	☐ Construction	4. DATE RECEIVED E	Y FEDERAL AGE	ENCY Federal Identi	fier
Non-Construction	Non-Construction			03-06-0226	
5. APPLICANT INFORMATION					
Legal Name:		INIED 1	Organization: Department:	al Unit:	
City of San Jose	- TOEC	FIVE	Norman Y. Mi	neta San Jose Internati	ional
Organizational DUNS: 063541874	/ HL	8 500p	Division:		
Address: Street:	\ EFS	EVED 28 2005	Name and tel	ephone number of pe application (give are	rson to be contacted on matters
	\ '-	CLEARING HOUSE	Prefix:	First Name:	a code)
1732 N. First St, Suite 600 City: San Jose	- CTATE	CLEAN	Ms Middle Name	Lilian	
San Jose County:	\311				
Santa Clara			Last Name Ramirez		•
State: CA	Zip Code 95112		Suffix:		
Country: USA			Email: Iramirez@sjc.	ora *	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)
94-6000419			408.501.7663		408.573.1677
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
New New		n Revision	C-Municipal		
If Revision, enter appropriate lette (See back of form for description	of letters.)	Ċ	Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	
			DOT - Federal	Aviation Administratio	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	1 '	TIVE TITLE OF APPLI	
TITLE (Name of Base)		20-106			axiways B and L and strengthen ding the widening of Taxiway L
TITLE (Name of Program): Airport Improvement Program (A	MP)		and improvem	ents such as drainage	lighting, signs and markings.
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	, States, etc.):			•
San Jose, California					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL DISTRICTS	OF: b. Project
November 14, 2005 (Est. NTP)	December 31, 2006		15th		15th
15. ESTIMATED FUNDING:			ODDED 42272	DDOCESSO	REVIEW BY STATE EXECUTIVE
a. Federal \$		10,000,000	a Yes 🔽 Th	IIS PREAPPLICATION	I/APPLICATION WAS MADE
b. Applicant \$		.00		ROCESS FOR REVIEV	ATE EXECUTIVE ONDER 12372
c. State \$		00	DA	TE: February 24, 200	5
d. Local \$		00		1	ERED BY E. O. 12372
e. Other \$	•	29,131,000	U. 140. 1ii		
	*****		'- FC	R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		•	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		39,131,000	i	" attach an explanation	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A	WLEDGE AND BELIEF,	ALL DATA IN THIS AF	PLICATION/PRE	APPLICATION ARE T	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AV	NARDED.	THE APPLICAN	I AND THE APPLICA	NI WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name			Middle Name	
Prefix Mr.	Peter	-			
Jensen			***	Suffix	
b. Title Assistant to the City Manager		, ,		c. Telephone Number 408.277.3183	(give area code)
d. Signature of Authorized Repres	sentative Art 1	Rum		o Data Signad	1-05
Previous Edition Usable Authorized for Local Reproduction	1	( )			Standard Form 424 (Rev.9-2003)
A MARIO INCOME TO LOCAL INCOME CONTROL	ı	$\sim$			Prescribed by OMB Circular A-102

APPLICATION FOR				Version 7/0
FEDERAL ASSISTANCE	2. DATE SUBMITTED February 24, 2005		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identit	fier
✓ Construction ☐ Construction ☐ Non-Construction ☐ Non-Construction			03-06-0226	
ADDITION TO A NEW TABLE OF THE PARTIES OF THE PARTI				
Legal Name:	EN/FD	Organizational Unit		
City of San Jose	Carl A Francisco	Norman Y. Mineta Sa	an Jose Internati	onal
Organizational DUNS: 063541874	EIVED 2 8 7005	Division:		
Address: FEB	<i>b</i>	Name and telephon involving this appli		rson to be contacted on matters
Street:	. FARING HOUSE	Prefix:	First Name:	a touc <sub>j</sub>
1732 N. First St, Suite 600	LEARING HOUSE	Ms Middle Name	Lilian	
City: San Jose		S.	· · · · · · · · · · · · · · · · · · ·	
County: Santa Clara		Last Name Ramirez		
State: Zip Code CA 95112		Suffix:		
Country: USA		Email:   Iramirez@sjc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
9 4 - 6 0 0 0 4 1 9		408.501.7663		408.573.1677
B. TYPE OF APPLICATION:		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
New Continuation	on Revision	C-Municipal	•	
f Revision, enter appropriate letter(s) in box(es) See back of form for description of letters.)	٠.	Other (specify)		* ************************************
		9. NAME OF FEDER	AL ACENCY	
Other (specify)	r	DOT - Federal Aviati	ion Administratio	
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	CE NUMBER:	1		CANT'S PROJECT:
	20-106	Noise Monitoring Sy	stem Upgrade: nonitorina svsten	To replace noise monitors in the notitions as well
TITLE (Name of Program): Airport Improvement Program (AIP)		as provide system e		I integration to other airport system
12. AREAS AFFECTED BY PROJECT (Cities, Counties	s, States, etc.):	applications.		
San Jose, California				
13. PROPOSED PROJECT		14. CONGRESSION	IAL DISTRICTS	
Start Date: Ending Date: Use December 1, 2005		a. Applicant 15th		b. Project 15th
15. ESTIMATED FUNDING:		16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE
a. Federal \$	1,400,000	THIS PE	REAPPLICATION	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	00		SS FOR REVIE	
c. State \$	.00	DATE:	February 24, 200	05
d. Local \$	337,000	b. No. PROGR	AM IS NOT COV	/ERED BY E. O. 12372
e. Other \$	00			T BEEN SELECTED BY STATE
	00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
f. Program Income \$	•.			

ATTACHED ASSURA	ANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Repres		
Prefix Mr.	First Name Peter	Middle Name
Last Name Jensen		Suffix
b. Title Assistant to the City	Manager	c. Telephone Number (give area code) 408.277.3183
	rized Representative Att Arun	e. Date Signed
<u></u>		Standard Form 424 (Rev.9-2003

Previous Edition Usable Authorized for Local Reproduction

Prescribed by OMB Circular A-102

PLICATION FOR	=	2. DATE SUBMITTED		Applicant Iden	tifier
DERAL ASSISTANCI		February 15, 2005 3. DATE RECEIVED B	Y STATE	State Applicat	on Identifier
YPE OF SUBMISSION: plication	Pre-application	4. DATE RECEIVED B		Federal Identi	fier
Construction	Construction				
Non-Construction	Non-Construction				
PPLICANT INFORMATION AI Name:	N		Organizational Unit		
			Department: Public \	Vorks	
nty of Modoc			Division:		
anizational DUNS: 311-8678			Name and telephon	e number of po	erson to be contacted on matters
lress:			involving this appli	First Name:	ea code)
eet: 2 W. 4th Street	REC	EIVED	Prefix: Mr.	Richard	
y: uras	8	8 2005	Middle Name R.		
unty:	1 - 1 - 2	7 0 2005	Last Name Hironymous		
doc	ZIN COTATE CLEA	Dille	Suffix:		
ate: alifornia	Zip CSTATE CLEA	HING HOUSE	Email:		
untry: USA			Phone Number (give	area code)	Fax Number (give area code)
EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		1	alea code)	530-233-3132
			530-233-6403	0 A N.T. (0 1-	
9 4 -6 0 0 0 5 2 TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See Da	ack of form for Application Types)
57 h	Jew 🔲 Continua	tion 🔲 Revision	B. County		
a delen enter appropriate	letter(s) in box(es)		Other (specify)		
ee back of form for descript	ion of letters.)			DAL ACENCY	
ther (specify)			9. NAME OF FEDE Federal Aviation A	dministration	
	CAMPOTIO ACCICT	ANCE NUMBER:	11 DESCRIPTIVE	TITLE OF APP	LICANT'S PROJECT:
0. CATALOG OF FEDERA	IL DOMESTIC ASSISTA		Cedarville Munici	oal Airport, Ceda	arville, Modoc County, California
	•	20-106	[ironmontal	- Cat Ex of Tie Down Ap	
TTLE (Name of Program): Airport Improvement Progr	ram		Reconstruction	Of the Bounty	
2. AREAS AFFECTED BY	PROJECT (Cities, Cour	nties, States, etc.):			
City of Alturas, Modoc Coun	tv. California				TO OE.
3. PROPOSED PROJECT			14. CONGRESSIO	DNAL DISTRIC	b. Project
Start Date:	Ending Date:		a. Applicant 02		02
2005	2005		16. IS APPLICAT	ION SUBJECT	TO REVIEW BY STATE EXECUTI
5. ESTIMATED FUNDING	:	70	ORDER 12372 PF	OCESS?	TONYARRI ICATION WAS MADE
a. Federal	\$	249,030	a. Yes. L. AVAI	ABLE TO THE	STATE EXECUTIVE ORDER 123
	\$	00	PRO	CESS FOR RE	MEM ON
b. Applicant	Ψ	655	DATE	<b>:</b> :	
		00	D/ (1.		
c. State	\$	12,452		CRAMIS NOT	COVERED BY E. O. 12372
	\$		PRO		COVERED BY E. O. 12372
d. Local	\$	12,452	b. No. PRO	ROGRAM HAS	NOT BEEN SELECTED BY STAT
c. State d. Local e. Other	\$ \$	12,452	b. No. PRO	ROGRAM HAS	NOT BEEN SELECTED BY STAT
d. Local	\$	12,452 0 .00	b. No. PRO OR F FOR 17. IS THE APP	PROGRAM HAS REVIEW LICANT DELING	NOT BEEN SELECTED BY STAT
d. Local e. Other f. Program Income	\$ \$ \$ \$	12,452 0 0 0 0 0 0 262,137	b. No. PRO OR F FOR  17. IS THE APP	PROGRAM HAS REVIEW LICANT DELING	QUENT ON ANY FEDERAL DEBT
d. Local e. Other f. Program Income	\$ \$ \$ \$	12,452 0 0 0 0 0 0 262,137	b. No. PRO OR F FOR  17. IS THE APP	PROGRAM HAS REVIEW LICANT DELING	NOT BEEN SELECTED BY STAT  QUENT ON ANY FEDERAL DEBT  ation.  No
d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY	\$ \$ \$ KNOWLEDGE AND BE	12,452 0 0 0 0 262,137 ELIEF, ALL DATA IN THI	b. No. PRO OR F FOR  17. IS THE APP	PROGRAM HAS REVIEW LICANT DELING	NOT BEEN SELECTED BY STAT  QUENT ON ANY FEDERAL DEBT  ation.   No
d. Local e. Other f. Program Income g. TOTÁL 18. TO THE BEST OF MY DOCUMENT HAS BEEN DATTACHED ASSURANCE	\$ \$ \$ KNOWLEDGE AND BEDULY AUTHORIZED BY	12,452 0 0 0 0 262,137 ELIEF, ALL DATA IN THI	b. No. PRO OR F FOR  17. IS THE APPLICATION/PREA BY OF THE APPLICANT	PROGRAM HAS REVIEW LICANT DELING attach an explan PPLICATION A AND THE APP	NOT BEEN SELECTED BY STAT  QUENT ON ANY FEDERAL DEBT  ation.   No
d. Local e. Other f. Program Income g. TOTÁL  18. TO THE BEST OF MY DOCUMENT HAS BEEN DATTACHED ASSURANCE a. Authorized Representat	\$ \$ KNOWLEDGE AND BEDULY AUTHORIZED BYES IF THE ASSISTANCE ive	12,452 0 0 0 0 262,137 ELIEF, ALL DATA IN THI	b. No. PRO OR F FOR  17. IS THE APPLICATION/PREA BY OF THE APPLICANT	PROGRAM HAS REVIEW LICANT DELING	NOT BEEN SELECTED BY STAT  QUENT ON ANY FEDERAL DEBT  ation.   No
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# APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE	2. DATE SU	BMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application Preapplication	3. DATE RE	CEIVED BY STATE	State Application Identifier
Construction Construction Non-Construction	4. DATE RE	CEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Riverside. Address (give city, county, State, and zip code).	·		opment Agency
			erson to be contacted on matters involving
3900 Main Street Riverside, CA 92522		this application (give area code)	
County of Riverside		Joyce Powers (951)	826-5769
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter	appropriate letter in box)
95 — 2789311			C
8. TYPE OF APPLICATION:  New Continuation	Revision	B. County I, S	idependent School Dist. tate Controlled Institution of Higher Learning rivate University
If Revision, enter appropriate letter(s) in box(es)		'	dian Tribe
		E. Interstate L. In	dividual
A. Increase Award B. Decrease Award C. Increase	Duration	F Intermunicipal M. P.	rofit Organization
D. Decrease Duration Other (specify)		G. Special District N. O	ther (Specify)
		O MANE OF FEDERAL ACTION	
	-	9. NAME OF FEDERAL AGENCY U.S. Department of Comme	j.
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TITLE OF APP	LICANT'S PROJECT:
		Dublic Works Improvem	ninistration PLICANT'S PROJECT: nents on portions of lowa and ne Hunter Business Park  FER 2 8 2005
transport to the time to the t	3 0 0	Columbia Avanuas in th	Henris on portions of Iowa and
тіть: Public Works Improvements		Columbia Avenues in ti	le nunter business park
12. AREAS AFFECTED BY PROJECT (Cities, Counties, St	ialos, etc.):		I CEIVEN
City of Riverside			EED
13. PROPOSED PROJECT 14. CONGRESSIONAL DIS	STRICTS OF	1	1 58 2 8 2005
13. PROPOSED PROSECT	3174013 01.		STATE CLEARING HOUSE
Start Date   Ending Date   a. Applicant		b. Project	CLEARING US
21st		21st	HOUSE
15. ESTIMATED FUNDING:		16. IS APPLICANT SUBJECT TO	REVIEW BY STATE EXECUTIVE
		ORDER 12372 PROCESS?	
a. Federal \$ 2,000,000	.00	<b>-</b>	TIONAPPLICATION WAS MADE AVAILABLE
b. Applicant \$	.00	IU INE STATE EX	ECUTIVE ORDER 12372
2,911,200 c. State \$	.00	DATE	
d. Local \$	.00		OT COVERED BY E.O. 12372 HAS NOT BEEN SELECTED BY STATE FOR
e. Other \$	.00	REVIEW	
f. Program income \$	.00	17, IS THE APPLICANT DELINGL	JEHT ON ANY FEDERAL DEBT?
y. TOTAL <b>S</b> 4,911,200	.00	Yes If "Yes," attach an	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, AL	L DATA IN THI	S APPLICATION/PREAPPLICATION	IN ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GO		IT OF THE APPLICANT AND THE	AFFECANT RILL COMPLT MITH INC
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA  Fryng Name of Authorized Representative	b. Title		c. Telephone Number
•	1	e Director	(951) 826-5190
Michael Beck J. Signature of Authorized Representative	- PVACATIA	O DIEGIOI	e. Date Signed
Mand I Keel			9-28-04

Provious Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043 Applicant Identifier 2. DATE SUBMITTED **APPLICATION FOR** February 24, 2005 FEDERAL ASSISTANCE State Application Identifier 3. DATE RECEIVED BY STATE TYPE OF SUBMISSION: Application

☑ Construction Preapplication □ Construction 4 DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ☐ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Port of Oakland Acting by and through its Board of Port Port of Oakland **Commissioners** Name and telephone number of the person to be contracted on matters involving Address (give city, county, state, and zip code) this application (give area code) 530 Water Street Christina Lee Oakland, CA 94607 (510) 627-1510 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN):  $\mathbf{C}$ H. Interdependent School District A. State State Controlled Institution of Higher Learning B. County Private University Municipal C K. Indian Tribe D. Township 8. TYPE OF APPLICATION: L. Individual F Interstate M. Profit Organization Intermunicipal Continuation Revision New New G. Special District N. Other (Specify If Revision, enter appropriate letter(s) in box(es): Increase Duration B Decrease Award Increase Award D Decrease Duration Other (specify) 9 NAME OF FEDERAL AGENCY **Federal Aviation Administration** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 0 6 1. Construction of Apron Improvement South of TITLE: Airport Improvement Hangars 1-5, North Field, OIA Program (AIP) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 2. Reconstruction of East Apron Pavement, Phase 2, South Field, OIA San Francisco Bay Area 3. Airport Storm Water Management Capital **Improvement** 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT b. Project Start Date **Ending Date** a. Applicant 08/07 7 09/05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE 19,000,000 .00 YES. a. Federal STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON .00 \$ b. Applicant 4.576,126 c. State \$ DATE: February 24, 2005 b. NO \$ PROGRAM IS NOT COVERED BY E. O. 12372 d. Local e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ .00 g. TOTAL \$ M No 23,576,126 Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS **AWARDED** b. Title c. Telephone number a. Typed Name of Authorized Representative (510) 627-1268 **Director of Engineering** Gerald M. Serventi d. Signature of Authorized Representative e. Date Signed

Judd 1

envi

February 24, 2005

APPLICATION FOR PTFP FU	UNDS T GBITC T		munication ment of Commer CFDA 1	rce/Washingto	on DC 202	230 For Use	PTFP Re	eck here if vised Form
1. APPLICA	NT					Employer # (EIN) 68	3-0004000	
	National Indian Justice	Center			9	DUNS# 1	5-109-5320	
Legal Name Organizational Unit	Education Programs	RE(	TEIVED	1	Main Station	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		I
Mailing Address	5250 Aero Drive	<del>                                    </del>	J land V Lon Lo	,	Call Letters	Radio	MHz	TV Channel
(line 1) Address (line 2	OZOO MOTO DITTO	FEE	<b>2</b> 8 2005					
if required) City	Santa Rosa		SI	late CA	CoL	inty Sonoma	1 Z	Zip <u>95403-</u>
4. Administrati		STATE C	LEARING HOUS	SE raquellemyers				
		Experient in the Current with News	-	Laquellelliyers				
	Dr. First Name Raquelle	M. I.	Last Name Myers		Jr. elc	Position Project D	)irector	
Ms.	Naquelle		Wiyers			1 10,000 2	711 00101	and the same of th
Phone # <u>(707</u>	7) 579-5507 ext. 223			Fax#	(707) 5	579-9019		
5. Engineering	g Contact							
Full Ms.	Raquelle Myers		· · · · · · · · · · · · · · · · · · ·	Engineer Phone	(707) 5	79-5507		
Title Proje	ect Director			E-mail	raguell	emyers@ni	c.org	
DDO IFOT II	NFORMATION	6a. Enter "Y" if		Old	7. Enter"	17/H 16		8. Enter the
	s) to classify project	Reactivatio	n N B)roadcast or (N)onb r (BN) for both	roadcast N	FCC a are red 10.Length Project months	i of l (# of	12	Priority or Category under which you request the application be reviewed
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#### Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval 0660-0003

9. Types of Applicant (E	nter appropr	iate letter in	box)		20. Statio		THI	SYEAR		NEXT Y	EAR II	F PROJEC PED
A. State	J. Private Un	iversity			Орега		Number	Hrs.	∕Wk	Numb	er	Hrs./Wk
B. County C. Municipal D. Township	K. Indian Trit L. Individual M. Non-profi	(NOTE: Not e	eligible for PTFP fund	ding)	Full-	Time Staff		0	0		!	
E. Interstate F. Intermunicipal G. Special District	O. Olher (sp	ecify)			Part-	Time Staff		0	0			
H. Independent School Di     I. State Controlled Institute     Higher learning			•		•	/olunteers		0	0			
r ignor learning		M			Operati	ng Budget	\$	norman and a second	0	\$ .	••	
Public Broadcasting  Enter "Y" if applicant currently CPB qualificant.	is	✓	Check if nonbroapplication and Not Applicable				hip in nation as appropria		PRI		ganizat	ons.
currently CPB qualiti	au								<u> </u>			
		Date of	f expected qualific	ation	This year				i	1		!
If applicant is NOT currently CPB qualification is expected.  2. New FCC Authorization Proposed Com	on ons and/or N	lew Sites re	f expected qualific equired for this pro Channel #	i	Next year		necessary or	on anoth		e). Owned	Leas	ed
currently CPB qualifi- enter "Y" if qualificati is expected.  2. New FCC Authorizati	on ons and/or N	lew Sites re	equired for this pra	ject (continue in I	Next year			r on anoth			Leas	ed
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This form expires 10/31/2006 Previous Editions NOT usable

#### tions Escilities Program

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Revise	d	Fo	rm

APPLICATIO FOR PTFP FU		blic lele	Com	imuni	cation ommerce/M	S FdC	n DC 202	3 F I (		Revis	ed Form
OMB Approval 0660-0003		NIIA	v⊳epan		FDA 11.550		1, 00 202		or PTFP Jse	•	
APPLICATIO								Employer # (EIN)	68-0050044		
		 County Public Br	oadcast	ina			3.	DUNS#	-Appli	<u>ę d</u>	For
Legal Name Organizational Unit	KZYX-FM						Main Station	KZYX	FM 90.7		
Mailing Address (line 1)	P.O. Box 1						Call Letters		Radio MHz	т	V Channel
Address (line 2 f required)	9300 Highwa										
City	Philo				State C	Α	Cou	inty <u>Men</u>	docino	Zip	95466-0001
4. Administrati	ive Contact				E-mail mary	@kzyx.org	9				
Mr., Ms.	Dr. First Name	,	И. І.	Last Name			Jr. etc	Positio			
Ms.	Mary			Aigner			<del></del>	Progi	ram Director	<del></del>	
Phone # <u>(707</u>	7) 895-2324 ex	t. 103	RE	CEN	ÆD	Fax#	(707) 8	<u> 395-245</u>	1		
5. Engineering	Contact		Ci ar seco		2005	<b>5</b> !					
Full Mr. I Name	Mitchell Holma	n	<u> </u>	EB 25	<u> </u>	Engineer Phone	(707)	895-232	4		
Title Chie	ef Engineer		STATE	CLEARIN	<del>a</del> House	E-mail	engine	er@kzy	x.org		
PROJECT I	NFORMATION	<b>N</b> 6a.	Enter "Y" Reactiva	if tion N	6b. Old File #		7. Enter ' FCC a are re	uthorization	ons <u>N</u>		8. Enter the Priority or Category under which
(P)lanning o (C)onstruction 11. Check ONE Enter the pop appropriate of	E line which best doubt		ct and ent	or (BN) for be ter the numbe LACE or ROADCAST		at the project	NONBRO	ot (# of is)	8 12. Single Congres	ssional	the application be reviewed
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First Service NEW propose		`	0						None	э.g. PA 1	i-3, NY 4, 5-9)
ADDED SER those covered			0								
		G (whole dolla	rs)	15. Is applic	cation subject t				2? 16. ls : any Fe	applicar ederal D	nt delinquent on lebt?
a. Federal Red	quest \$	10,139			State EO 123	72 process f	or review o	n	NO		
b. Applicant S	hare \$	10,139	<del></del>		03/01/200				Enter If YES	YES or	NO explanation.
c. TOTAL	\$	20,278		NO	or Prog	n is not cove ram has not					·
d. Fed. % of e	eligible costs	50.00	<u></u> %		State fo	or review					
17. CERTII	FICATION BY	AUTHORIZED	REPRE	SENTATIV	E To the be	st of my kno	wiedge and	belief, all	data in this appli	cation a	re true and corre
The documer Rules if the as	nt has been duly ssistance is award	authorized by the ed.	governing	board of the	e applicant an Phone # (	d the applic	cant will co -2324	omply with	the attached a	ssuran	ces and the PTF
14: 14: D:	Eiret Name	N.	4. I.	Last Name	-		Jr. etc	Positio	on		

First Name Program Director Aigner Ms. Mary Date signed Signature of authorized representative This form expires 10/31/2006 Previous Editions NOT usable Authorized for Local Reproduction 1 oein

18. Summary of application (Summarize the purposes of the application in a few sentences.)

## Public Telecommunications Facilities F. ogram NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

OMB Approval 0660-0003

Types of Applicant (Enter appropriate letter in box)					20. Static		THIS YEAR NEXT YEAR IF PR					
State J. Private University					Opera	ations	Number	Hrs.	/Wk	Number	Hrs./Wk	
County K Municipal L.	. Indian Trib . Individual ( I. Non-profit	e (NOTE: N	ot eligible f	or PTFP fu	nding)	Full-	Time Staff		6	40	6	40
Interstate O Intermunicipal Special District	), Other (spe	ecify)				Part-	Time Staff		4	20	4	20
Independent School Distri State Controlled Institute of Higher learning						•	Volunteers	15	0	3	150	
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currently CPB qualified	Date of exp			cted qualit	fication	This year		V	Υ	Υ	Υ	
If applicant is NOT currently CPB qualified, enter "Y" if qualification						Next year		Y	' Ү	Y	Y	
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4. MOMINISTRATIVE Conta		L		State CA	County	San Diego	<u> </u>	Zip <u>92182</u> -	5400	
			E-ma(l	awards@fou	ndation.sdsu.e	du				
Mr., Ms., Dr. First Mr. Ge			Name		Jr. etc P	osition				
		St	ein			Director, S	R Develop	ments		
Phone # <u>(619) 594-5</u>				Fax #	, 619 <sub>)</sub> 594-	4950				
S. Engineering Contact										
Name Wir. Lean We				Engineer Phone	( <u>619</u> ) 594-	8146				
Director of E	ngineering & IT			E-mail	messenie(	@kpbs.org				
Enter letter(s) to classif  (P)lanning or (C)enstruction	(R)adio or (T)V or (RT) for both	ar (BN	idcast or (N)ont		FCC author are required 10.Length of Project (# of months)		_	8. Enter the Priority or Category under white you reque the applicate the reviews	cn st allon	
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Fed. % of uligible costs	50.00	%	or F	Program has not be to for review			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
. CERTIFICATION	BY AUTHORIZED F	REPRESENTA	TIVE To the	best of my knowl	eage and belief, a	ll data in this	appilcotion a	ira true and co	rrect.	
e document has been of les if the assistance is aw			Phone #	(619 ) 594-0	nt will comply wi	th the ettech	ned assuran	ces and the P	TFP	
Dr. Thomas	м. — 🗸 R	Last Na	me		Jr. atc Posit	- Approximate		/ Lookard		
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APPLICATION FOR PTFP FUNDS PAGE 2

## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval

		version o	(TV), Cha of its High	annel 15, n Definitio	and KPBS-0 n Studio Pro	OT, Channe eduction fac	l 30, San Di llity an <b>d</b> HD	ego, Field units	
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			Operat	ing Budget	5	2,825,000	\$ 12,825,000		
Public Broadcasting Affiliations  Enter "Y" if applicant is currently CPB qualified	Check if nonbroadcast application and therefore Not Applicable	Q. 21		Members Enter "Y" PBS	as appropriate	public broadcar	sling organizati Other	Other	
If appacent is NOT	Date of expected qualification		This year	Y	<u></u>	·			
currently CPB qualified, enter "Y" if qualification is expected.		<u> -</u>	Next year	Y			- Y	-\ <del>Y</del>	
	r New Sites required for this project (cont	<u>'-</u>			<u> </u>	Y	Y	ΙΫ́	
Please provi	oplied to, intend to apply to, or roceived fueral program for this project or a related post of the program of the project of the provide a similar provide a similar provide a similar provide (1 MV for FM, Grade B for TV).	of other Fe 25. A affect	ederal funds	tion for Publis In the Ren	iarks section b	g (CPB) or elow or on and	ither		
page.	de information regarding funds from CPA	of other Fe 25. A affect	reas led by Project s,	s in the Rem	iarks section b	g (CPB) or elow or on and	other		
Please proving page.  List all public radio, TV stations of a signal to the proposed service of City  City  City	or ITFS facilities which provide a similar grea (1 MV for FM, Grade B for TV).  Call Letters  Call Letters  Call Letters	25. A affect this P (Cities County States Etc.)	reas led by Project s, ties, s,	s In the Ren	County	g (CPB) or elow or on and	ither		
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APPLICATION FOR PTFP FUNDS  OMB Appraval O565-0003  Public 7	Telecommur NTIA/Department of	nications Fa	ACIIITIES Pr aton DC 20230	
APPLICATION PART I		CFDA 11,550	g.c., 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	For PTFP Use
			2. Employo	r
1. APPLICANT			ID#(EIN)	95-6042721
Legal Name San Diego State Unive	ersity Foundation		3. DUNS #	07-337-1346
Organizational Unit KPBS	Park Park Control of the Control of		Mein Station LODG	
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Addross (line 2 if required)	EED 9 5 2	005		
City San Diego	TEB 2 5 2	Siate CA	County Sar	Diego Zip 92182-1931
4. Administrative Contact	STATE CLEARING	HDW6Eawards@fou		
Mr., Ms., Dr. First Name	M. I. Last Nam	16	Jr. etc Positio	on
Mr. Gene	Stein		Direc	otor, SR Development
Рhоле # <u>(619) 594-5731</u>		Fax #	<u>, 619)</u> 594-495	50
5. Engineering Contact			,	•
Full Name Mr. Leon Messenie		Engine	<sup>dr</sup> ( 619 ) 594-814	46
Title _Director of Engineering and	· · · · · · · · · · · · · · · · · · ·	Phone E-mall		
Director of Engineering and	11	C-mar	_lmessenie@kr	obs.org
PROJECT INFORMATION	6a. Enter "Y" If	6b. Old	7. Enter "Y" if new	8. Enter the
9. Enter letter(s) to classify project	Reactivation N	_ File #	FCC authorizati are required	Category under which
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FEB **2 5** 2005

STATE CLEARING HOUSE

APPLICATION FOR PTFP FUNDS PAGE 2

## Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

	ete letter in box)		20. Sta		THIS	YEAR	NEXT YEAR	
State J. Private Univ. County K. Indian Tribe	ersity		Ор	erations	Number	Hrs./Wk	Number	Hrs./Wk
Municipal L. Individual (N Township M. Non-profit Interstate O. Other (spec	IOTE: Not aligible for PT	FP (unding)	Fu	ill-Time Staff	23	40	23	40
Intermunicipal Special District Independent School District			Pa	rt-Time Staff	7	20	7	2(
State Controlled Institute of Higher learning	м			Volunteers	35	4	35	
	<u> </u>		Oper	ating Budget	\$	4,275,000	\$	4,275,000
Public Broadcasling Affillations		onbroadcast	•	Members	hip in nationa	sobeord oliduq I	stina ora <b>sni</b> za	ions.
Enter "Y" if applicant is	Not Applic	and therefore Q.	21	Enter "Y"	as appropriat	s. NFCB PRI		<del>-</del>
currently CPE qualified	Data of account of	4541 41	. This			VICE FRI	Other	Other
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	d to, inlend to apply t program for this proje nformation regarding						other	
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City	Call Le	ters	this Project (Cities, Counties.	,peria	valley oou	· 16.9		
***************************************	. KSDS		States, Etc.)					
San Diego, CA, City	Call Le	ters						

FOR PTFP FUNDS	NTIA/Dep	partment of	ications Fa	ton DC 20230	For PTFP	Revised Form
APPLICATION PART I			CFDA 11.550		Use	
1. APPLICANT				2. Empl ID # (El	95-604272	1
Legal Name Organizational Juit San Diego Sta	te University Found	lation		3. DUN	s# <u>07-337-13</u>	<b>16</b>
Malling Address (line 1) 5250 Campani	le De-		<del></del>	Station Call		KPBS TV 15
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required) ————————————————————————————————————		EIVE	<del>_</del>		\ <b>D</b> \_	AG400 1001
. Administrative Contact	FEB 2	5 2005	State <u>CA</u>		San Diego	Zip <u>92182-1931</u>
			1	ndation.sdsu.ed	П	-
Mr. Ma. Dr. First Name Mr. Gene	STATEMOLEA		#SE		altion	
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hone # <u>(619) 594-5731</u>			Fax#	(619) 594-4	950	····
Engineering Contact						
Name Mr. Leon Messenie			Engineer Phone	(619) 594-6	146	
Director of Engineering	ng & IT		E-mail	lmessenie@	kpbs.org	
PROJECT INFORMATION	đa. Enter	Y_}f	6b. Old	7. Enter " <b>Y"</b> If n	ew .	8. Enter the
. Enter letter(s) to classify project	Reactiv	ration N	File #	FCC authoriz	rations N	Priority or Category
4704	R) adlo or (T)V T	(D)=======	or (N)onbroadcast B	10.Length of		under which you request the application
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FROM-RCS

APPLICATION FOR PTFP FUNDS PAGE 2

## Public Tele-ommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approvat 0680-0003

California seek federal fundir	arize the purposes of the application in a icensee of KPBS-FM, 89.5 MHz icensee of KPBS-FM, 89.5 MHz ig assistance in the Digital Conv ig assistance in the Digital Conv Video Servers, Nearline hard di will be used for generating As E	KPBS(TV), Chaversion of is Mas		II CIDENTATION	нтестил	el 30, San D Il purchase a monitoring e	iego, and install a system. A
19. Types of Applicant (Enter approp	riate letter in box)	20. Sta		THI	S YEAR		IF PROJECT
A Sigle J. Private U B. County K. Indian Tr	niversity De	Ope	rations	Number	Hrs./Wk	Number	DED Hrs./Wk
C. Municipal L. Individual D. Township M. Non-prof E. Inforstate O. Other (sp	(NOTE: Not eligible for PTFP funding)	Ful	I-∏me Staff	9	0 40	90	40
G. Special District H. Independent School District		Par	t-Time Staff	1	7 20	17	20
Migher leaming	i. did Controlled Institute of			9	5 4	95	4
	Management of the second	Opera	ling Budget	\$	12,825,000	\$ 1	2,825,000
21. Public Broadcasting Affiliations  Enter "" if applicant is currently CPB qualified	Check if nonbroadcast application and therefore Control Applicable	Q. 21	Momberal Enter "Y" PBS	ea appropriai	i public broadca B. PRI	Other	Other
If apolicant is NOT currently CPB qualified, enter "Y" if qualification	Date of expected qualification	This year	Y	Υ	ΥΥ	Y	Y
is expected.	•	Next year	4	Y	V	Y	Y
3. Yes (No) Have you application one) Have you application one) Have you application one of the control of the	ed to, intond to apply to, or received fun program for this project or a related pr information regarding funds from CPB of	ds from, the Corpora oject? or other Federal fund	tion for Publ s in the Ren	ilc Broadcasti narks section	ng (CPB) or below or on an	atter	
List all public radio, TV stations or I pe signal to the proposed service are     City	TFS facilities which provide a similar a (1 MV for FM, Grade B for TV). Call Letters	25. Areas affected by this Project (Cities,	San Dieg	County	-		
City		Countios, States,					
	Call Letters	Etc.)					
City	Call Leners						
MARKS (continuation of one in-							
tems from the state of the stat	om page 1 or this page continue on pl	ain paper attached to	this page if	necessary)			·
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FEB **2 5** 2005

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FEDERAL ASSISTANC	E	2. DATE SUBMITTI 2/25/05	Ď	Applicant Ide	Version 7 entifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	BYSTATE	State Applica	ation Identifier
Application	Pre-application	4 DATE DECENE	BY FEDERAL AGEN		
Construction Non-Construction	Construction		DI FEDERAL AGEN	rederai iden	RITIEF
5. APPLICANT INFORMATIO	Non-Construction		- AM		
Legal Name:			Organizational L	init:	
County of Tuolumne	The second secon	TO THE THIRD THE PART OF THE P	Department: Airport		
Organizational DUNS: 155702160	RECE	IVED	Division: Columbia Airport		
Address: Street:			Name and teleph	one number of p	erson to be contacted on matter
	FEB 2	<b>b</b> 2005	Prefix:	plication (give ar	ea code)
10723 Alrport Road			Mr.	James	
City: Columbia	STATE CLEAR	ING HOUSE	Middle Name E.		
County; Tuolumne	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	тегрализмический бил география и голиторы развествого продосности	Last Name Thomas		living and and and and
State; California	Zip Code 95370		Suffix:		0
Country: United States			Email:		
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Jihomas@co.tuol Phone Number (g		Fex Number (give area code)
94-600054	` '		209 533 5685	4.00 0000j	209 533 5657
8. TYPE OF APPLICATION:				LICANT: (See ha	ck of form for Application Types)
Z Ne		n E Revision	В		ox or roun for Application Types)
lf Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)	<u>_</u>	Other (specify)		
			Cirici (apacity)		
Other (specify)			9. NAME OF FED Federal Aviation	ERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:			ICANT'S PROJECT:
TITLE (Name of Program):		20-106	Design phase for	providing fire prote	Planned Henger Development, acilon to the SW side of the airport
12. AREAS AFFECTED BY P	ROJECT (Cities, Countles	s, States, etc.);	for existing and future hangars and FBO buildings. Involves relocating 600+' of existing 8" waterline parallel to Runway 29 and extending 8" waterline 1,700+' along the SW side of airport, Includes EA.		
Tuolumne County, California		,,	waterline 1,700+	along the SW side	of airport, Includes EA.
13. PROPOSED PROJECT			14. CONGRESSIO	ONAL DISTRICTS	OF:
Start Date: 7/1/05	Ending Date: 12/31/05		e. Applicant		b. Project
15. ESTIMATED FUNDING:	12/3//00			ON SUBJECT TO	19th PREVIEW BY STATE EXECUTIVE
a. Federal		uu	ORDER 12372 PD	ACE992	
	l.	20,000 '	a. Yes. 🔲 AVAIL	ABLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
		50 <sup>- "</sup> "	PROC	ESS FOR REVIE	W ON
c. State 5		1,000	DATE	:	
d. Local \$		,,500	b. No. PROG	RAM IS NOT CO	VĒRED BY E. O. 12372
e. Other \$		. ba			T BEEN SELECTED BY STATE
f. Program Income \$		- 00	L FOR F	REVIEW	NT ON ANY FEDERAL DEBTY
g. TOTAL \$					
18. TO THE BEST OF MY KNO	WI FOGE AND BELLER	21,050	☐ Yes If "Yes" an	ach an explanation	n. 🖳 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			APPLICATION/PREAPI OF THE APPLICANT A	PLICATION ARE T ND THE APPLICA	TRUE AND CORRECT. THE
a. Authorized Representative	INC ASSISTANCE IS A	WARDED.			
Prefix Mr.	First Name James		Mid	die Name	
Last Name Thomas			E. Suf	īx	
. Title	. i				
Airports Director  I. Signature of Authorized Repre	contintium		209	elephone Number 533 5685	(give area code)
	aservative	on	e. D	ate Signed 5-05	
revious Edition Usable Juthorized for Local Reproduction	_ \		177	1	Standard Form 424 (Rev.9-200

APPLICATION FOR FEDERAL ASSISTANCE	F	2. DATE SUBMIT	FTED	Applicant Ide	Version 7/		
	· • • • • • • • • • • • • • • • • • • •	2/25/05					
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIV			ation Identifier		
Construction	<b>☑</b> Construction	4. DATE RECEIV	ED BY FEDERAL AGEN	Federal Iden	tifier		
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction	<u></u>					
Legal Name:	M		Organizational (	Inki:			
County of Tuolumne			Department:	Jilic.	· · · · · · · · · · · · · · · · · · ·		
Omenizational DUNS:			Alrport Division:				
155702160 Address:	The state of the s	A money tooling	Pine Mountain La				
Street:	RECE	IVED	involving this a	none number of p polication (give ar	erson to be contacted on matters		
10723 Airport Road	E Harm			Prefix: First Name:			
City: Columbia	FEB 2	<del>5 2005  </del>	Middle Name	James	- W MA		
County: Tuolumne	STATE CLEAR	INC HOUSE	Last Name Thomas				
State: CA	Zip Code 95910	IING HOUSE	Suffix:	VI	70		
Country:	420 de la		Email:				
Tuolumne  6. EMPLOYER IDENTIFICATION  6. EMPLOYER IDENTIFI	ON MUMPER /FAM		Jthomas@co.tuol				
l	` •		Phone Number (g	ivo area code)	Fax Number (give erea code)		
94-600054 6. TYPE OF APPLICATION:	7]		209 533-5685		209 533-5657		
				LICANT: (See ba	ck of form for Application Types)		
IF Revision, enter appropriate let (See back of form for description	tter(s) in hoyles)	n 🗌 Revision	B Other (specify)				
Other (specify)		L	9. NAME OF FEE	ERAL AGENCY:			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	Federal Aviation		ICANT'S PROJECT:		
TITLE (Name of Program):		20-10	1		O'ANT O' NOMEON,		
12. AREAS AFFECTED BY PR	ROJECT (Cities, Countles	, States, etc.):					
Tuolumne County, California							
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSI	DNAL DISTRICTS			
7/01/05	12/31/05		a. Applicant 19th		b. Project		
15. ESTIMATED FUNDING:			16, IS APPLICAT	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE		
a. Federal \$		an an	ORDER 12372 PR	OCESS?	N/APPLICATION WAS MADE		
b. Applicant \$		104,500	AVAIL	ABLE TO THE ST	ATE EXECUTIVE ORDER 12372		
c. State 5		550	DATE				
d. Local \$		4,950 0			/ERED BY E. O. 12372		
e. Other \$	# Paraman	- 00			T BEEN SELECTED BY STATE		
f. Program Income \$		0,	FOR F	REVIEW	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		110,000	Пуев (6')Vest эн	mak a.a	ma		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Authorized Representative	WLEDGE AND BELIEF, AUTHORIZED BY THE ( THE ASSISTANCE IS A)	ALL DATA IN THE					
Prefix Mr.	First Name		MIM	die Name			
Last Name Thomas	James		. E				
7. Title Airports Director				elephone Number	(Also grap eads)		
1. Signature of Authorized Repre	sentative (			533-5685			
Previous Edition Usable	PAMEZ	Como	<u>3</u>	ate Signed 2-	25-05		
Authorized for Local Reproduction	n 1				Standard Form 424 (Rev.9-2003		

APPLICATION FOR	3		O DATE O	115.4.4.			Version 7
FEDERAL ASSIST			1	UBMITTED	'''	l Identifier	
1. TYPE OF SUBMISSION	HIVCE		2/25/05		TCALP		
1	j _		3. DATE RE	CEIVED BY STATE	State App	olication identifier	
Application Construction	Pre-applica						
	Constr	uction	4. DATE RE	CEIVED BY AGEN	CY Federal Id	dentifier	*\L.
Non-Construction  5. APPLICANT INFORMAT	☐ Non-C	onstruction	<u> </u>				
Legal Name;	ION						
ļ -				Organizational			
Trinity County Calif				Department; B	ullding and D	evelopment Ser	vices
Organizational DUNS; 14538	31427	<u> </u>		Division: Airpo		-	
Address: Street: P.O. Box 476	7/1			Name and telepho	one of person to b	e contacted on matter	s involving
30 edt. P.O. BOX 4/6				this application (	give area code)		<u> </u>
=				Prefix: Mr.	_	First Name	: Steven
City: Weaverville				Middle Name:	****		
County: Trinity		1		Last Name: Rot	perts		
State: CA		Zip Code: 960:	93	Suffix:			
Country: United States				Email: srobert	e@trinityoou	Intu and	
6. EMPLOYER IDENTIFICA	TION NUMB	ER (EIN):		Phone Number (			r (give area code)
9 4	4 - 6 0	0 0 5					,
L	1 - 101	7 0 0 3	4 4	(530) 623 - 95	85	(530) 623	- 1353
8. TYPE OF APPLICATION	_			7. TYPE OF APP	LICANT (See bar	k of form for Application	on Types)
-	nustion [	Revision		В			
If Revision, enter appropriate	letter(s) in bo	X(62)		Other (Specify)			
(See back of form for descript	ion of letters.	)					
Other (specify)				9. NAME OF FEI	DERAL AGENC	<del>.</del> -	
				Federal A	viation Admi	inistration	
10. CATALOG OF FEDERAL	DOMESTIC	ASSISTANCE	E NO.	11. DESCRIPTIV	E TITLE OF AP	PLICANT'S PROJE	CT:
				Trinity Cente	r Airport		
2 0	- 1 0			Update Airpo	ort Layout Pla	an	
TITLE (Name of Program): Ai	rport Impr	ovement Pr	ogram	·	•		
12. AREAS AFFECTED BY PE	ROJECT (Citie	s, Countes, Sia	ates, etc.);				
Trinity Center, Trini 13. PROPOSED PROJECT	ty County,	California		44.0000000			
Start Date		Ending (	Data	14. CONGRESSI	ONAL DISTRIC	TS OF:	
July 2005			tember	a. Applicant  02			b. Project
		2006		02			02
15. ESTIMATED FUNDING:				16 IS APPLICAT	ION SHE IECT	TO DENIEW BY OF	ATE EXECUTIVE ORDER
				12372 PROCESS	?	TO REVIEW BY \$1.	ATE EXECUTIVE ORDER
a. Federal		\$	75,000, <sup>aa</sup>	a. YES.	THIS PREAPI	PLICATION/APPLIC	ATION WAS MADE
b. Applicant			\$ 197,00		AVAILABLE T	O THE STATE EXE	CUTIVE ORDER 12372
c. State			\$ 3,750.00		i .	REVIEW ON:	
d. Local					DATE : 2/25/0		
e. Other		\$		<b>b</b> . NO.		NOT COVERED BY	
f. Program Income		\$	.00		LOUGHTEN		SELECTED BY STATE
		\$	, 00	17. IS THE APP	LICANT DELIN	QUENT ON ANY FE	DERAL DEBT?
g. TOTAL		\$	78,947.00	Yes If "Ye	s", attach ял ехр	planation 🖂	Ma
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL	OWLEDGE	AND BELIEF,	ALL DATA IN				
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORI	ZED BY THE C	OVERNING	BODY OF THE AP	PLICANT AND	THE APPLICANT W	ILL COMPLY WITH THE
a. Authorized Representative	THE ASSIS	I ANCE IS AV	VARDED.				
Prefix Mr.		First Nam	ne: Wyatt		NAL-LAIL NA		
ast Name: Paxton		1	Ta. VV y Late	7.	Middle Name:		
o. Title; Director		C 11C	<del>7</del> /-	71 -	Suffix:	E20) 500 4054	
d, Signature of Authorized Repr	esentative:	7 XL	17 hz	te		530) 623-1354	
revious Editions Usable		The state of the s		Y RECI	e Date Signed:		
Authorized for Local Reproducti	on	1,1			LIVEU	Prescribed by	rm 424 (Rev 9-2003) OMB Circular A-102
				FFR 9	<b>5</b> 2005		= NA ALIONIAL V. 165
				1	e KUUD	1	
				STATE CLEAN	Dina :	1	
				STATE CLEAR	HING HOUSE	: [	
•				The second secon	-	1	

APPLICATION FOR		2. DATE SUE	BMITTED	Applicant Ident	lfler	version 770	
FEDERAL ASSISTANC	E	2/25/05		HEALP			
1. TYPE OF SUBMISSION		3. DATE REC	ENED BY STATE	State Application	n Identifier		
Application Pre-	application						
I — :	Construction	4. DATE REC	EIVED BY AGENCY	Federal Identifi	er	1/14-	
⊠ Non-Construction □	Non-Construction						
5. APPLICANT INFORMATION							
Legal Name;			Organizational U	nlt: Trinity Coun	ty		
Trinity County California			Department; Bui	lding and Devel	opment Ser	vices	
Organizational DUNS: 14538142	7	ĺ	Division: Airport	s			
Address:			Name and telephone of person to be contacted on matters involving				
Street; P.O. Box 476			this application (gi	vė area code)			
City: Weaverville			Prefix: Mr.		First Name	e; Steven	
			Middle Name:				
County: Trinity			Last Name: Robe	erts			
State: CA	Zip Code: 960	93	Suffix:				
Country: United States	AUTORES (CA)			@trinitycounty.			
6. EMPLOYER IDENTIFICATION			Phone Number (gi	ve area code)	Fax Numb	er (glve area code)	
9 4 -	6 0 0 0 5	4 4	(530) 623 - 958	5	(530) 623	3 - 1353	
8. TYPE OF APPLICATION			7. TYPE OF APPLI	CANT (See back of f	orm for Applicat	ion Types)	
New 🗌 Continuation		В					
If Revision, enter appropriate letter (See back of form for description o	Other (Specify)						
Other (specify)	9. NAME OF FEDERAL AGENCY:						
10. CATALOG OF FEDERAL DO	ENO	Federal Aviation Administration  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
	WEGING AGGIGTANG		Hayfork Airport				
2 0 -	1 0 6		Update Airport Layout Plan				
TITLE (Name of Program): Airpor	t Improvement P	rogram	opanie Airpoi	t Layout I lan			
12. AREAS AFFECTED BY PROJE	CT (Cities, Countles, S	tates, etc.):					
Hayfork, Trinity County  13. PROPOSED PROJECT	California						
Start Date	) Endia-	Data		NAL DISTRICTS (	OF;	<u> </u>	
July 2005	Ending	otember	a. Applicant b. Project				
	200	i i	02			02	
15. ESTIMATED FUNDING:	·		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER				
a. Federal			12372 PROCESS				
		5 75,000. <sup>00</sup>	a, YES, 🔀	THIS PREAPPLIC	ATION/APPLI He state ex	CATION WAS MADE ECUTIVE ORDER 12372	
b. Applicant		\$ 197.00		PROCESS FOR R	EVIEW ON:	COOTIVE ORDER 123/2	
c. State		\$ 3,750.00		DATE : 2/25/05			
d, Local		<b>S</b> . ***	þ. NO. 🔲	PROGRAM IS NO	T COVERED !	BY E.O. 12372	
e. Other		\$ ,00		OR PROGRAM HA	AS'NOT BEEN	SELECTED BY STATE	
f. Program Income		\$ 00	17. IS THE APP	LICANT DELINQUE	NT ON ANY	EDERAL DEBT?	
g. TOTAL		78,947.00	Yes, If "Yes	e", attach an explana	ition 🗔	7 Na	
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF	, ALL DATA IN	THIS APPLICATIO	M/DDEADDLICATI	ON ARE TOU	E AND DODDESE SUE	
DOCUMENT HAS BEEN DULY AU ATTACHED ASSURANCES IF TH	JINORIZED BY THE	GOVERNING	BODY OF THE APP	PLICANT AND THE	APPLICANT	WILL COMPLY WITH THE	
a. Authorized Representative	E ASSISTANCE IS A	WARDED.				<u> </u>	
Prefix Mr.	First Na	me: Wyatt		Middle Name:			
Last Name: Paxton			1 1	Suffix:			
b. Title: Director		1-5/		c. Telephone: (530	) 623-1354		
d. Signature of Authorized Represer	ntative /	JUS		e. Date/Signed	72-2	5-05	
Previous Editions Usable Authorized for Local Reproduction	71			LIVED		orm 424 (Rev 9-2003)	
	V		FEB 2	<b>2 5</b> 2005	Prescribed (	by OMB Circular A-102	
			STATE CLE	ARING HOUSE	+		

PAGE 03/03

								Version 7/0:
APPLICATION FOR		2. DA	TE SUBMITT	ED .	Ap	plicant Identifie	:r	
FEDERAL ASSISTAN	ICE	2/25/	05		RU	JALP		
1. TYPE OF SUBMISSION		3. DAT	E RECEIVED	BY STATE	Sta	ate Application	identifier	
I	re-application							
Construction	Construction	4. DAT	E RECEIVED	BY AGENC	Y Fe	deral Identifier		· · · · · · · · · · · · · · · · · · ·
Non-Construction     □	Non-Constructio	an l						
5. APPLICANT INFORMATION	J							***
Legal Name:						nity County		
Trinity County Califor			Depa	rtment; Bu	ilding	and Develop	ment Se	rvices
Organizational DUNS: 145381	427		Divis	ian: Airpoi	rts			
Address: Street: P.O. Box 476	<b>V.</b>		Name this a	and telepho pplication (g	ne of pers give area	son to be contac code)	ted on matte	ers involving
<u>-</u>				c Mr.			First Nam	e: Steven
City: Weaverville	Midd	e Name:						
County: Trinity			Last	Name: <b>Rob</b>	erts			
State: CA Zip Code: 96093				e:	•			
Country: United States						tycounty.or	<del></del>	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN)	;	Phon	e Number (g	live area	code)	Fax Numb	er (give area code)
9 4 - 6 0 0 0 5 4 4			(530	) <b>623 -</b> 958	35		(530) 62	3 - 1353
B. TYPE OF APPLICATION				PE OF APPL	ICANT (	See back of forn	n for Applica	tion Types)
🛭 New 🗌 Continu	ation Revision	an	В					
If Revision, enter appropriate letter(s) in box(es)				(Specify)				
(See back of form for description	of letters.)							
Other (specify)				ME OF FED				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.				Federal Aviation Administration  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
		ANGE NO.		h Airport		OF AFFEIGA	11 5 1 1105	CO1.
2 0 -	1 0 6		1	date Airpo		uit Blan		
TITLE (Name of Program): Airp	Off Improveme	nt Drogram	_   Opt	ate Ali pu	n Laye	utrian		
12. AREAS AFFECTED BY PRO	JECT (Cities, Count	les, States, etc.	):					
Ruth, Trinity County,								
13. PROPOSED PROJECT			14. C	ONGRESSI	ONAL D	STRICTS OF:		
Start Date	. E	nding Date		olicant			-	b. Project
July 2005		Septembe	er 02					02
15. ESTIMATED FUNDING:		2006						
10. EO HMA I ED POMDING:			16. IS	APPLICATI PROCESS	ION SUE	SJECT TO REV	VIEW BY S	TATE EXECUTIVE ORDER
a, Federal		\$ 75,000	<del></del> -	K-3	•	REAPPLICAT	ION/APPI I	CATION WAS MADE
b. Applicant		\$ 19		<u> </u>   <u> </u>	AVAILA	ABLE TO THE	STATE EX	ECUTIVE ORDER 12372
c. State	<del>                                     </del>	\$ 3,750			ł	ESS FOR REV	IEW ON:	
d. Local		<del></del>		<u>,                                    </u>	ł	2/25/05	A / F =	DV 5 0 400=
e. Other	<u> </u>	<u> </u>	, B. NO	·	1			BY E.O. 12372
f. Program Income		\$	.00		LFORK	EVIEW		SELECTED BY STATE
		\$	17.	IS THE APP	PLICANT	DELINQUENT	ON ANY	FEDERAL DEBT?
g. TOTAL		\$ 78,947	7. 00	Yes, If "Ye	s", attach	n an explanation	ı [2	☑ No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF				APPLICATION OF THE AP	ON/PRE	APPLICATION T AND THE AR		
a. Authorized Representative	- AGOIOTAIGCE	- 19 MANARDE	<u>u.</u>					
Prefix Mr.	Fir	rst Name: Wy	att		Middle I	Name:		
Last Name: Paxton		1		,	Suffix:			
b. Title: Director			- Id			hone: (530) 6	23-1354	
d. Signature of Authorized Repre-	вепtative: [ / /	at I	PPC	EIV/d	Total Name		-25-	A) C
Previous Editions Usable			11	LIVE		1		Form 424 (Rev 9-2003)
Authorized for Local Reproduction		· ·	FEB	<b>2 5</b> 200	)5			by OMB Circular A-102

STATE CLEARING HOUSE

OMB Approval No. 0348-0043 APPLICATION FOR FEDERAL ASSISTANCE 2. Date Submitted Applicant Identifier 1. Type of Submission: 3. Date Rec'd by State State Application Identifier Application Preapplication Construction Construction 4. Date Rec'd by Federal Federal Identifier X Nonconstruction Nonconstruction X 98927101 5. Applicant Information: Organizational Unit: Legal Name and Address: Central Valley Regional Water Quality Control Board (give city, county, state, and zip code) Name and telephone of person to be contacted on matters State Water Resources Control Board involving this application (give area code): 1001 I Street, Sacramento County Karen Larsen Sacramento, California 95814 (916) 464-4646 6. Employer Identification Number (EIN): 68--0281986 7. Type of Applicant: (enter appropriate letter) \_A H. Independent School District A. State 6. DUNS Number: 808321913 B. County I. State Institute of Higher Learning 8. Type of Application: C. Municipal J. Private University New \_X\_ Revision Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s): \_A\_ C E. Interstate L. Individual A. Increase Award B. Decrease Award M. Profit Organization F. Intermunicipal C. Increase Duration D. Decrease Duration G. Special District N. Other (specify) Other (specify) 9. Name of Federal Agency: 10. Catalog of Federal Domestic Assistance Number U. S. Environmental Protection Agency 66 606 Title: Surveys, Studies, Investigations and 11. Descriptive Title of Applicant's Project: Special Purpose Grants Develop and implement a program that will bring the Sacramento 12. Area Affected by Project: River and its tributaries into compliance with appropriate (cities, counties, states, etc.) water quality standards for toxic pollutants and thereby Sacramento River Basin protect beneficial uses. 13. Proposed Project: Start Date End Date 14. Congressional District of: 5/15/1999 12/31/2006 Applicant: Project: California - All 15. ESTIMATED FUNDING: 16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. Federal \$43,000 a. YES: \_X\_ This application/preapplication was made b. Applicant \$0 available to the State EO 12372 process for c. State \$0 review on: d. Local \$0 Date: February 24, 2005 e. Other \$0 b. NO: Program is not covered by EO # 12372 f. Program Income Program has not been selected by the state for review. g. TOTAL \$43,000 17. Is the applicant delinquent on any Federal debt? YES, attach explanation \_\_X\_\_ NO 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Typed Name of Authorized Representative b. Title: c. Telephone Number Celeste Cantú Executive Director (916) 341-5615 d. Signature of Authorized Representative <del>-IVI-I</del>) e. Date Signed: **FEB 2 4** 2005 Previous Editions Not Usable AUTHORIZED FOR LOCAL REPRODUCTION Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-102 STATE CLEARING HOUSE

STATE CLEARING HOUSE

	)			0	MB Approval No. 0348-0043		
APPLICATIO FEDERAL AS		2. DATE SUBMIT 2-11-05	TED	Appdon Identific			
1. TYPE OF SUBM Application	ISSION: Preapplication	3. DATE RECEIVED	BY STATE	State Application Id	lentifier		
Construction  Non-Construction	☐ Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier			
5. APPLICATION IN Legal Name	IFORMATION		Organizational Unit				
SUPERIOR CALIFO DEVELOPMENT DIS	STRICT		-				
Address (give city, c	ounty, state, and zip code)		Name and telephone involving this applicat		n to be contacted on matters		
2400 Washington Avenue, SuiteA Redding, Shasta County, California 96001			Administrative Co Robert Nash, Chief E (530) 225-2760	ontact executive Officer	Technical Contact		
6. EMPLOYER IDEI	NTIFICATION NUMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropi	riate letter in box) G		
6 8 _ 0 3 4 3 0 5 1			A. State B. County C. Municipal	H. Independent S I. State Controll J. Private Univer	ed Institution of Higher Learning		
8. TYPE OF APPLICATION:			D. Township E. Interstate	K. Indian Tribe L. Individual			
New   Continuation   Revision			F. Intermunicipal	M. Profit Organiz			
If Revision, enter appropriate letter(s) in boxes(es)			G. Special District		r):		
A. Increase Award B. Decrease Award C. Increase			9. NAME OF FEDER				
D. Decrease Duration Other (specify):			U.S. Department of Agriculture Natural Resources Conservation Service				
10. CATALOG OF FED ASSISTANCE NUM		函	11. DESCRIPTIVE TI	TLE OF APPLICANT	'S PROJECT:		
TITLE: IX -			McCloud Utilization	n Project			
12. AREAS AFFECT	ED BY PROJECT (cities, countie	s, states, etc.)			RECEIVED		
Siskiyou County	, California				· **.		
					FEB 1 8 2005		
					STATE CLEARING HOUSE		
13. PROPOSED PR		RESSIONAL DISTR	ICTS OF:	h Davidad	OTATE OLLARING HOUSE		
Start Date 07-01-05	Ending Date a. Applicate 12-31-06 Second			b. Project Second			
15. ESTIMATED FUN a. Federal	NDING: 500,000				JTIVE ORDER 12372 PROCESS? ADE AVAILABLE TO THE		
			E EXECUTIVE ORDER				
b. Applicant	\$	DATE	February 11, 200	05			
c. State	\$	b. NO. 🗆 Pf	ROGRAM IS NOT COV	ERED BY E.O. 1237	'2		
d. Local	\$	По	R PROGRAM HAS NO	T BEEN SELECTED	BY STATE FOR REVIEW		
e. Other	\$	Lacond -					
f. Program Income	\$	17. IS THE APPLICA	NT DELINQUENT ON	ANY FEDERAL DEE	IT?		
g. TOTAL	\$ 500,000	☐ Yes If	'Yes," attach an explan	ation.	⊠ No		
18. TO THE BEST OF MY K	 NOWLEDGE AND BELIEF, ALL DATA IN TH /ERNING BODY OF THE APPLICANT AND T	IIS APPLICATION/PREAPPLICANT WILL COM	ICATION ARE TRUE AND CO	DRRECT THE DOCUMENT ASSURANCES IF THE ASS	HAS BEEN DULY ISTANCE IS AWARDED		
a. Typed Name of Au Robert Nash	athorized Representative	لم Title	f Executive Officer		c. Telephone number (530) 225-2760		
d. Signature of Aut	horized Representative	21/2			e. Date Signed 2-11-05		
Previous Editions Not	Usable /		·		Standard Form 424 (REV 4-88)		

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION F	OR	•	•	OMB Approval No. 0348-0043			
FEDERAL ASSIS	STANCE		2. DATE SUBMITTED	Applicant Identifier			
1. TYPE OF SUBMISSION:			February 10, 2005				
Application	Pre-englication		3. DATE RECEIVED BY STATE	State Application Identifier			
X Construction	Construction						
			4, DATE RECEIVED BY FEDERAL AGENCY	Foderal identifier .			
Non-Construction	Non-Construction			F-113-B Amendment #3			
5. APPLICANT INFORMATI	ION			Turbutanous Parameters			
Legal Name:	STATE OF CALL	FORNIA	Organizational Units				
Address (give city, county, at	late and zip code);		Department of Fish an	ıd Game			
1	Game - Fisheries Pro	grams Branch	Name and telephone number of the person to be contacted on matters involving this				
1812 Ninth Stree			application (give ense code);	A CONTROL OF MATERIA MADERING			
Sacramento, CA	95814	•	Carolyn Murata (9	916) <i>44</i> 5-3559			
6. EMPLOYER IDENTIFICA			7. TYPE OF APPLICANT: (enter appropriate in				
	94-1697567		A State	H. Independent School Dist			
B. TYPE OF APPLICATION			B. County	I. State Controlled Instruction			
New	X Continuation	X Rovisian	C. Municipal	of Higher Learning			
If Revision, ontor appropriate			D. Township	J. Private University			
	E		E. Interstate	L Individual			
A Increase Award	B. Decrease Award		F. Intermunicipal				
C. Increase Duration	O. Decrease Duration		G. Special District	M. Profit Organization			
1	Recover pre-agree	ment costs	G. Spirial District	N. Other (Specify)			
	L DOMESTIC ASSISTANCE		9. NAME OF FEDERAL AGENCY:				
15-605		,		e Interior			
TITLE:	Sport Fish Resto	oration Act	U.S. Department of the Interior U.S. Fish and Wildlife Service				
	Y PROJECT (cities, countles,		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
	· · · · · · · · · · · · · · · · · · ·	Training orders.	Motorboat Access Enhanc				
	Lassen Coun	hr	į ,	<del>-</del>			
	Lassell Couli	-y	Eagle Lake Fishing Access I	•			
13. PROPOSED PROJECT		1		osts for Engineering, Design			
Start Dele	Ending Date	44 AANDEEDIANA DIOTENA	& Inspection. No changes in	COSIS.			
5/12/2003	12/31/2005	14. CONGRESSIONAL DISTRICT  14. Applicant	S OF:				
15. ESTIMATED FUNDING		3		b. Project 2			
a. Federal	\$2,355,849			· · · · · · · · · · · · · · · · · · ·			
	<b>42,000,0</b> 10	1	I SUBJECT TO REVIEW BY STATE EXECUTIVE				
b. Applicant			EAPPLICATION/APPLICATION WAS MADE AV EXECUTIVE ORDER 12372 PROCESS FOR RE				
		JINIE	_	EVIEW ON:			
c. State	\$785,284	Date:	2-18-05	,			
	4.00		OGRAM IS NOT COVERED BY E.O. 12372				
d. Logal	*	1		ToTE PAD DO UDA			
		<b>~ ~ ~ ~ ~</b>	R Program has not been selected by S	:			
e. Other		17 IS THE APPLICA	TION DELINQUENT ON ANY FEDERAL DEBTY				
f. Program Income		1	"Yos", attach an explanation	X No			
g. TOTAL	\$3,141,133						
		ALL DATA IN THIS ADDITIONS	PREAPPLICATION ARE TRUE AND CORRECT				
			THEATTLICATION ARE TRUE AND CORRECT.  TILL COMPLY WITH THE ATTACHED ASSURAN				
a. Typed Name of Authoriza		FECANT AND THE APPLICANT W					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Renee Renwick		Deputy Director, Admin.	c. Telephone Number			
d. Signature of Authorized			Depaty Director, Admin.	(916) 653-4633			
Darler	= HOIDH	A.		e. Date Signed			
Approved for the Secretary	of the Interior	V	Title;	Date			
				Date			
Signature Previous Editions Not Usabi			L KECFIVE	<u></u>			
PLANDER EGINDUS NOT FIRST!	e	As therefore it does !	Paradiusias	Standard Form 424 (REV 4-89)			
		Authorized for Loc	FEB 1 8 2005	Prescribed by OMB Circular A-102			
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			STATE CLEARING HO				

Professional				2. DATE SUBMITTED	Applicant Id	
Academatical Procession Controllation    Controllation   Contr	1. TYPE OF SUBMISSION				Applicant Identifier	
New Construction					State A - II - N - 14-175	
Neur-Conditionation	X Construction			S. DATE RECEIVED BY STATE	State Application Identifier	
SAPULONT INFORMATION		<b>I</b>		4 DATE RECEIVED BY SEDERAL ACENCY	Endamilia vicas	
SAPPLICANT INFORMATION STATE OF CALIFORNIA  Organizational Unit: Department of Fish and Game Nume and specials: Department of Fish and Game Nume and interpretament in the consistence of the patient to be consisted on matters in-whising in its population (pile are access): Carolyn Murata (916) 445-3559  1	Non-Construction	Non-Construction	r.	- SATE RECEIVED BY PEDERAL AGENCY		
Department of Fish and Game  Department of Fish and Game  Normal Department	5. APPLICANT INFORMA				F-112-B Amendi	
Department of Fish and Game  Department of Fish and Game  Note of Fish & Game - Fisheries Programs Branch 1912 Ninth Street  Sacramento, CA 95814  S. EMPLOYER DENTIFICATION NUMBER (SR): 94-1697567  B. TYPE OF APPLICATION Share  See of APPLOCATION Share  S			IFORNIA	Organizational Unit		
Dept. of Fish & Game - Fisheries Programs Branch 1812 Ninth Streat Sacramento, CA 98814  8. EMPLOYER IDENTIFICATION NUMBER (Bin): 94-1697567  8. TYPE OF APPLICATION: New System and Identification (and a sparophile Nature ) System of Higher Learning Nonetes appropriate Nature Nature ) System of Higher Learning Nonetes appropriate Nature (In	Address (give city, county,				d Game	
1812 Ninth Street Sacramento, CA 95814 Seminore in Seminor Continuation Seminore in Mutual (916) 445-3559 Seminore in Mutual (916) 445-4559 Seminore in Mutual (916) 445-4559 Se			ograms Branch			
Secremento, CA 98814  EMPLOYER IDENTIFICATION MUNRER (EIN): 94-1687567  8 TYPE OF APPLICATION: 1 Support Continuation 2 Support Continuation 2 Support Continuation 2 Support Continuation 3 Support Continuation 2 Support Continuation 2 Support Continuation 3 Support Continuation 2 Support Continuation 3 Support Continuation 3 Support Continuation 4 Support Continuation 4 Support Continuation 5 Support Continuation 5 Support Continuation 6 Special District 8 Support Fish Restoration Act 1 Support Fish Restoration Act 2 Support Fish Re			-3	I	COMPAGE OF METERS WADIAND THIS	
5. EMPLICATION NUMBER (BIN):  9.4-1697567  5. TYPE OF APPLICATION    New   Centinuation   X Revision   Country   L. State Controlled Instruction of Higher Learning   A State   Country   L. State Controlled Instruction   C. Municipal   A Increase Award   R. Decrease Duration   C. Municipal   L. Institution   C. Municipal   L. Institution   C. Municipal   L. Institution   C. Municipal   M. Profit Organization   C. Institution   C. Decrease Duration   C. Dec	Sacramento, C	A 95814		· ·		
8. PYPE OF APPLICATION.   New	S. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):				
B. County New Continualian   Revision   Continualian   X Revision   Continualian   Continualian   X Revision   Continualian   Continu		94-1697567				
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Revision, enter appropriate letter(s) in besteet:	Naw	Continuation	X Ravision			
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Authorized for Local Reproduction ER 1 8 2005 Prescribed by OMB Circular A-102	Start Date 4/10/2003  15. ESTIMATED FUNDING  2. Federal  2. Applicant  3. Applicant  4. Local  4. Local  4. Program Income  2. TOTAL  15. TO THE BEST OF MY  AUTHORIZED BY THE GO  2. Typad Name of Authorized  3. Signature of Authorized  4. Signature of Authorized  Approved for the Secretary	\$707,232.00 \$707,232.00 \$235,744.00 \$942,976.00 \$NOWLEDGE AND BELIEF, EVERNING BODY OF THE ART END REPRESENTATIVE Renee Renwick Representative	a. Applicant  16, IS APPLICATIO  17. IS THE APPLICATIO  17. IS THE APPLICATIO  ALL DATA IN THIS APPLICATIO	Improvement Costs. Also, reagreement costs (\$29,806.13)  CTS OF:  3  ON SUBJECT TO REVIEW BY STATE EXECUTIVE PREAPPLICATION/APPLICATION WAS MADE AVAINED EXECUTIVE ORDER 12372 PROCESS FOR REVIEW BY E.O. 12372  OR PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY ST. CATION DELINQUENT ON ANY FEDERAL DEBT?  If "Yos", strach an explanation  INTEREAPPLICATION ARE TRUE AND CORRECT.  WILL COMPLY WITH THE ATTACHED ASSURANCE DEBTY DEPUTY DIRECTOR, Admin.	questing reimb. For pre ) for consult & engineer  b. Project  19  ORDER 12372 PROCESS7  ILABLE TO THE //IEW ON:  ATE FOR REVIEW  X No  THE DOCUMENT HAS BEEN DULY  DES IF THE ASSISTANCE IS AWARD  C. Telephone Number  (916) 653-4  O. Daile Signed	
	Start Date 4/10/2003  15. ESTIMATED FUNDING  6. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  15. TO THE BEST OF MY  AUTHORIZED BY THE GO  9. Typed Name of Authorized  d. Signature of Authorized  Approved for the Secretary  Signature	\$707,232.00 \$707,232.00 \$707,232.00 \$235,744.00 \$942,976.00  KNOWLEDGE AND BELIEF, IVERNING BODY OF THE AR- IVERNING BODY	a. Applicant  16. IS APPLICATIO  2. YES. THIS F  STAT  Date  b. NO P  17. IS THE APPLICATIO  PLICANT AND THE APPLICANT	Improvement Costs. Also, relagreement costs (\$29,806.13)  CTS OF:  3  ON SUBJECT TO REVIEW BY STATE EXECUTIVE PREAPPLICATION WAS MADE AVAIVE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW BY E.O. 12372  OR PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY ST.  CATION DELINQUENT ON ANY FEDERAL DEBT?  If "Yos", attach an explanation  INPREAPPLICATION ARE TRUE AND CORRECT.  WILL COMPLY WITH THE ATTACHED ASSURANCE IN TITLE;  Deputy Director, Admin.	questing reimb. For pre ) for consult & engineer  b. Project  19  ORDER 12272 PROCESS7  ILABLE TO THE  VIEW ON:  ATE FOR REVIEW  X No  THE DOCUMENT HAS BEEN DULY CES IF THE ASSISTANCE IS AWARD  C. Telephone Number  (916) 653-4  J. J	
1	Start Date 4/10/2003  15. ESTIMATED FUNDING  2. Federal  2. Applicant  3. Applicant  4. Local  4. Other  7. Program Income  2. TOTAL  18. TO THE BEST OF MY  AUTHORIZED BY THE GC  2. Typed Name of Authorized  3. Signature of Authorized  4. Signature of Authorized  Approved for the Secretary	\$707,232.00 \$707,232.00 \$707,232.00 \$235,744.00 \$942,976.00  KNOWLEDGE AND BELIEF, IVERNING BODY OF THE AR- IVERNING BODY	a. Applicant  16. IS APPLICATIO  2. YES. THIS F  STAT  Date  b. NO P  17. IS THE APPLICATIO  PLICANT AND THE APPLICANT	Improvement Costs. Also, relagreement costs (\$29,806.13)  CTS OF:  3  ON SUBJECT TO REVIEW BY STATE EXECUTIVE PREAPPLICATION WAS MADE AVAIVE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW BY E.O. 12372  OR PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY ST.  CATION DELINQUENT ON ANY FEDERAL DEBT?  If "Yos", attach an explanation  INPREAPPLICATION ARE TRUE AND CORRECT.  WILL COMPLY WITH THE ATTACHED ASSURANCE IN TITLE;  Deputy Director, Admin.	questing reimb. For pre ) for consult & engineer  b. Project  19  ORDER 12272 PROCESS7  ILABLE TO THE  VIEW ON:  ATE FOR REVIEW  X No  THE DOCUMENT HAS BEEN DULY CES IF THE ASSISTANCE IS AWARD  C. Telephone Number  (916) 653-4  J. J	

APPLICATION (				OMB Approval No. 0348-00
FEDERAL ASSI	STANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION	l;		February 10, 2005	
Application		Ers-application	3. DATE RECEIVED BY STATE	State Application Identifier
X Construction		Construction		and Aburaliet tapulital
<u></u>			4. DATE RECEIVED BY FEDERAL AGENC	Y Federal Identifier
Non-Canstruction		Non-Construction		F-95-B Amendment #6
A. APPLICANT INFORMA				11-00-D Amendment #6
Legal Name:	STATE OF CALIFOR	RNIA	Organizational Unit	
Address (give city, county, a			Department of Fish a	and Game
	ent of Fish & Game		Name and telephone number of the person to	
	grams Branch		⊒pplication (give area code):	The second secon
1812 Ninth St				
Sacramento,			Carolyn Murata	(916) 445-3559
6. EMPLOYER IDENTIFICA			7. TYPE OF APPLICANT: (enter appropriate	
	94-1697567		A State	H. Independent School Dist.
8. TYPE OF APPLICATION	<del>-</del>		B. County	1. State Controlled Instruction
New	Continuation	XRovision	C. Municipal	of Higher Learning
If Revision, enter appropriat			D. Township	J. Private University
<u> </u>	E		E. Interstate	L Individual
A. Increase Award	B. Decrease Award		F. Intermunicipal	M, Profit Organization
C. Incresse Duration	D. Decresse Duration		G. Special District	N. Other (Specify)
E. Other (specify):	Reimbursement for pre-ag	reement costs.		·
15-605	AL DOMESTIC ASSISTANCE NUM	BER:	9. NAME OF FEDERAL AGENCY:	
	Coort Field David	41	U.S. Department of t	
	Sport Fish Restor		U.S. Fish and Wildlif	e Service
12. AREAS AFFECTED BY	PROJECT (cities, counties, states	i, elc.):	11. DESCRIPTIVE TITLE OF APPLICANTS	
•	0 / 01 +	·	Amendment #6 to Motorb	oat Access Enhancement
	Santa Clara Cou	nty	Project for Anderson Lake	Boat Launching Facility.
			Requesting reimbursement	for pre-agreement costs
		<b>-</b>	paid (\$92,743.27) by Dept.	of Boating & Waterways.
13. PROPOSED PROJECT			No change in Total Grant co	osts.
Start Date	Ending Date	14 CONGRESSIONAL DIS	TRICTS OF:	
12/03/98	05/01/06	=. Applicant		b. Project
15. ESTIMATED FUNDING			<b>3</b> .	16
a. Federal	\$2,303,250.00	16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE O	
b. Applicant		7	APPLICATION/APPLICATION WAS MADE AVAIL	
		STATE	XECUTIVE ORDER 12372 PROCESS FOR REVI	ABLE TO THE EW ON:
⊏. State	\$767,750.00	Date		
		b. NO PROC	GRAM IS NOT COVERED BY E.O. 12372	
d. Local		1	PROGRAM HAS NOT BEEN SELECTED BY STA	TE FOR REVIEW
e. Other				
f. Program Income			ION DELINQUENT ON ANY FEDERAL DEBT?	
	£2.074.000.00	Yes_ If "Y	es", altach un explension.	X No .
g. TOTAL	\$3,071,000.00			
18. TO THE BEST OF MY K	NOWLEDGE AND BEUEF, ALL D	ATA IN THIS APPLICATION	PREAPPLICATION ARE TRUE AND CORRECT.	THE DOCUMENT HAS BEEN DULY
	CIVING BODY OF THE APPUCA	NT AND THE APPLICANT W	ILL COMPLY WITH THE ATTACHED ASSURANCE	SES IF THE ASSISTANCE IS AWARDED.
,,,	a verbi osquitalisa		b. Title:	c. Telephona Number
	nee Renwick		Deputy Director, Admin.	(916) 653-4633
d. Signature of Authorized R	abrazousatina			a. Date Signed
DUNCON	- Rugly In		Parameter and the second control of the seco	1211/105
Approved for the Secretary of	1 the Interior		Tub.) Fam ( James 1 / Jame	1 3410103
Siematura			RECEIVED	Date
Signaturo Previous Editions Not Usable				
		Authorized for Local	FEB I 8 2005	Standard Form 424 (REV 4-88)
				Prescribed by OMB Circular A-102
			STATE CLEARING HOUSE	
		i	1	

APPLICATION F		,	· ·	OMB Approval No. 8348-004	
FEDERAL ASSI			2. DATE SUBMITTED	Applicant Identifier	
1. TYPE OF SUBMISSION:		•	February 10, 2005		
X Canstruction		Pro-application Construction	3. OATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Non-Construction		Non-Construction		F-97-B Amendment #3	
S. APPLICANT INFORMAT					
	STATE OF CALIFOR	RNIA	Organizational Unit		
Address (give city, county, s			Department of Fish an	d Game	
	nt of Fish & Game		Name and telephone number of the person to be contacted on matters involving this		
	grams Branch		application (give area code);		
1812 Ninth St					
Sacramento,			Carolyn Murata (916) 445-3559		
8. EMPLOYER IDENTIFICA	NON NUMBER (EIN); 94-1697567		7. TYPE OF APPLICANT: (enter appropriate is	otter):	
B. TYPE OF APPLICATION			A State	H. Independent School Dist	
New	Continuation	[文] <sub>*</sub>	9. County	I, State Controlled Instruction	
If Ravision, enter appropriate		Revision	C. Municipal	of Higher Learning	
	E Cox(ea):		D. Township	J. Private University	
A. Increase Award	B. Decresse Award		E. Intorstate	L. Individual	
C. Increase Dyradion	D. Decresse Duration		F. Intermunicipal	M. Profit Organization	
	Reimbursement for pre-ag	Voormant naate	G. Special District	N. Othor (Specify)	
	L DOMESTIC ASSISTANCE NUM	RED.	0 N.V. 0		
15-605		DEA,	9. NAME OF FEDERAL AGENCY:	- 1-43-	
TITLE;	Sport Fish Restor	ation Act	U.S. Department of the		
	PROJECT (cities, counties, states		U.S. Fish and Wildlife		
	, , , , , , , , , , , , , , , , , , ,	, 614,	11. DESCRIPTIVE TITLE OF APPLICANTS PR		
] .	San Luis Obispo		Amendment #3 to Motorboa		
	- Kalo Obispo		Project for Lake Nacimiento South Shore Public		
		•	Access. Requesting reimburg	sement for pre-agreement	
13. PROPOSED PROJECT:		Ī	costs paid (\$116,135.95) by [	Dept. of Boating & Water-	
Start Date	Ending Dale	14. CONGRESSIONAL DISTR	ways. No changes to Total G	rant Cost.	
10/01/01	05/01/05		GCTS OF:		
15. ESTIMATED FUNDING:	70,01,00	a. Applicant		b. Project	
B. Federal	\$1,765,362.00	3		22	
	***************************************	16. IS APPLICATION SU	BJECT TO REVIEW BY STATE EXECUTIVE ORD	ER 12372 PROCESS?	
b. Applicant		9. YES. THIS PREAP	PLICATION/APPLICATION WAS MADE AVAILAB	LE TO THE	
c. State	\$588,454.00	·	CUTIVE ORDER 12372 PROCESS FOR REVIEW	ON;	
	Ψ000,454,00	Date:	7000		
d. Local			AM IS NOT COVERED BY E.O. 12372		
		OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE	FOR REVIEW	
e. Other		17. IS THE APPLICATION	DELINQUENT ON ANY FEDERAL DEST?		
f. Program Income			, attach en explanation	X No	
p. TOTAL	\$2,353,816.00	,		<u> </u>	
18. TO THE BEST OF MY K		ATA IN THIS APPLICATION/PRE	EAPPLICATION ARE TRUE AND CORRECT, THI		
AUTHORIZED BY THE GOVE	ERNING BODY OF THE APPLICA	NT AND THE APPLICANT WILL	COMPLY WITH THE ATTACHED ASSURANCES	DOCUMENT HAS BEEN DULY	
a. Typed Name of Authorized	Representative		D. Tille:		
R	Renee Renwick		Deputy Director, Admin.	C Telephane Number	
d. Signature of Authorized Re	Presentative		, and the state of	(916) 653-4633 a. Date Signad	
_ Whiles	a the de.	N.		1 1 1	
Approved for the Secretary of	the interior	***	DEATH	2116/02	
	VIO ITADIIGI	•	hie: RECEIVED L	Date	
Signatura					
Previous Editions Not Usable		A	TEB 1 8 2005	Signdard Form 424 (REV 4-88)	
		Authorized for Local Re	l l	Prescribed by OMB Circular A-102	
			STATE CLEARING HOUSE		